State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only

- Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

Filing at a Glance

Company: UnitedHealthcare of the Mid-Atlantic, Inc.

Product Name: DC-SG-UHCMA-2020-01

State: District of Columbia

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.004E Small Group Only - Other

Filing Type: Rate

Date Submitted: 05/24/2019

SERFF Tr Num: UHLC-131910012

SERFF Status: Assigned

State Tr Num: State Status:

Co Tr Num:

Implementation 01/01/2020

Date Requested:

Author(s): Bonnie Barboza, Esther Drew, Michelle Lorenzo, Ryan Morgan, Alysia Krzanowski, Juliana

Mello

Reviewer(s): Damon Siler (primary), Efren Tanhehco, John Morgan, Dave Dillon

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only

- Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small Group Market Type: Overall Rate Impact: 7.4%

Filing Status Changed: 05/28/2019

State Status Changed: Deemer Date:

Created By: Ryan Morgan Submitted By: Ryan Morgan

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

2020 DC SG UHCMA Rate Filing - Average rate increase 7.4%

Company and Contact

Filing Contact Information

Ryan Morgan, ryan_morgan2@uhc.com 10701 W Research Dr 414-443-4287 [Phone]

Wauwatosa, WI 53226

Filing Company Information

UnitedHealthcare of the MidAtlantic, Inc.
Group Code: -99
Company Type: HMO
4 TAFT COURT
Group Name:
State of Domicile: Maryland
Company Type: HMO
State ID Number: 95025

ROCKVILLE, MD 20850 FEIN Number: 52-1130183

(952) 992-5878 ext. [Phone]

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Filing Exhibits	Juliana Mello	05/29/2019	05/29/2019
Supporting Document	Risk Adjustment RATEE Data	Ryan Morgan	05/27/2019	05/27/2019

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

Amendment Letter

Submitted Date: 05/29/2019

Comments:

We are adding a PDF version of our rate filing exhibits.

Changed Items:

No Form Schedule Items Changed.

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Filing Exhibits		Revised	Previous State Filing Number: UHLC-131461295 Percent Rate Change Request: 7.4	DC-SG-UHCMA- Exhibits 2020-01- v1.xlsx, DC-SG- UHCMA-Exhibits 2020- 01-v1.pdf,	05/29/2019 By:
Previous Versi	ion					
1	Rate Filing Exhibits		Revised	Previous State Filing Number: UHLC-131461295 Percent Rate Change Request: 7.4	DC-SG-UHCMA- Exhibits 2020-01- v1.xlsx,	05/24/2019 By: Ryan Morgan

No Supporting Documents Changed.

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

Amendment Letter

Submitted Date: 05/27/2019

Comments:

It came to my attention the RATEE data submitted with the filing was from 2017. This amendment corrects this and includes 2018 RATEE data. Please let me know if you have any questions.

Best,

Ryan

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Sc	hedule Item Changes
Satisfied - Item:	Risk Adjustment RATEE Data
Comments:	
Attachment(s):	DC Confidentiality Cover Letter EDGE Data 5.24.19.pdf 21066.RATEE.D20190503T000253.P.xml
Previous Version	
Satisfied - Item:	Risk Adjustment RATEE Data
Comments:	
Attachment(s):	21066.RATEE.D20180501T060100.P.xml DC Confidentiality Cover Letter EDGE Data 5.24.19.pdf

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: Review & Approval

Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 9.800%
Effective Date of Last Rate Revision: 01/01/2019

Filing Method of Last Filing: Review & Approval
SERFF Tracking Number of Last Filing: UHLC-131461295

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where req'd):	Minimum % Change (where req'd):
UnitedHealthcare of the Mid-Atlantic, Inc.	Increase	7.400%	7.400%	\$115,571	217	\$1,555,468	11.200%	4.700%

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only

- Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: UnitedHealthcare of the Mid-Atlantic, Inc.

HHS Issuer Id: 21066

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
HMO	21066DC001		602

Trend Factors: The current annual trend factor is 8.1% The proposed 2020 annual trend factor is 8.3%

FORMS:

New Policy Forms: POL20.SHOP.H.2018.SG.DC, COC20.SHOP.H.2018.SG.DC,

SBN20.CRE.H.2018.SG.DC.GO7, SBN20.CRE.H.2018.SG.DC.GO10, SBN20.CRE.H.2018.SG.DC.SL8, SBN20.CRE.H.2018.SG.DC.SL11, SBN20.CRE.H.2018.SG.DC.BR4, SBN20.NAV.H.2018.SG.DC.GO7, SBN20.NAV.H.2018.SG.DC.GO10, SBN20.NAV.H.2018.SG.DC.SL8, SBN20.NAV.H.2018.SG.DC.SL11, SBN20.NAV.H.2018.SG.DC.BR4, RID20.PDS.NET.H.2018.SG.DC, RID20.PVCS.NET.H.2018.SG.DC,

RID20.RX.NET.H.2018.SG.DC, SBN20.RX.NET.H.2018.SG.DC.10452030,

SBN20.RX.NET.H.2018.SG.DC.NONE, RID20.ODYSSEYTRAVEL.H.2018.SG.DC,

RID20.REALAP.H.2018.SG.DC

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
Member Months: 5,125
Benefit Change: Increase

Percent Change Requested: Min: 4.7 Max: 11.2 Avg: 7.4

PRIOR RATE:

Total Earned Premium: 1,555,468.00 Total Incurred Claims: 1,260,357.00

Annual \$: Min: 150.03 Max: 811.61 Avg: 303.51

REQUESTED RATE:

Projected Earned Premium: 1,671,039.00 Projected Incurred Claims: 1,327,985.00

Annual \$: Min: 166.77 Max: 952.78 Avg: 326.06

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

Rate/Rule Schedule

Iten No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Filing Exhibits		Revised	Previous State Filing Number: UHLC-131461295 Percent Rate Change Request: 7.4	DC-SG-UHCMA- Exhibits 2020-01- v1.xlsx, DC-SG- UHCMA-Exhibits 2020- 01-v1.pdf,

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

Attachment DC-SG-UHCMA-Exhibits 2020-01-v1.xlsx is not a PDF document and cannot be reproduced here.

Rate Factors Exhibit 1

(1) Base Rate: \$701.89

(2) Benefit Plan Ratios

	CORE Plans													
	Medical	Rx												
	Plan	Plan	Metal	Actuarial	Plan									
Product	Name	Name	Level	Value	Ratio									
Core	BQ-A4	A88L	Gold 10	80.9%	0.5372									
Core	BQ-BK	A91L	Silver 8	71.7%	0.4322									
Core	BQ-AP	A88L	Gold 7	81.1%	0.6224									
Core	BQ-ET	A89L	Bronze 4	62.6%	0.3800									
Core	BQ-BH	A88L	Silver 11	71.3%	0.4874									

	Navigate Plans													
	Medical	Rx												
	Plan	Plan	Metal	Actuarial	Plan									
Product	Name	Name	Level	Value	Ratio									
Navigate	BQ-AT	A88L	Gold 10	80.9%	0.5142									
Navigate	BQ-AV	A91L	Silver 8	71.7%	0.4140									
Navigate HSA	BQ-AS	A88L	Gold 7	81.0%	0.5864									
Navigate HSA	BQ-EU	A89L	Bronze 4	62.6%	0.3633									
Navigate HSA	BQ-AU	A88L	Silver 11	71.3%	0.4658									

(3) Effective Date Adjustment Factors (EDA's)

Effective Quarter	<u>Trend</u>
1st Quarter, 2020	1.000
2nd Quarter, 2020	1.020
3rd Quarter, 2020	1.041
4th Quarter, 2020	1.062
,	

(4) Age Factors

<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
0-20	0.654	35	0.876	50	1.431
21	0.727	36	0.896	51	1.487
22	0.727	37	0.916	52	1.545
23	0.727	38	0.927	53	1.605
24	0.727	39	0.938	54	1.668
25	0.727	40	0.975	55	1.733
26	0.727	41	1.013	56	1.801
27	0.727	42	1.053	57	1.871
28	0.744	43	1.094	58	1.944
29	0.760	44	1.137	59	2.020
30	0.779	45	1.181	60	2.099
31	0.799	46	1.227	61	2.181
32	0.817	47	1.275	62	2.181
33	0.836	48	1.325	63	2.181
34	0.856	49	1.377	64 & olde	er 2.181

DC Small Group - 2020 Portfolio - UnitedHealthcare of the Mid-Atlantic, Inc.

Exhibit 2

								li	n-Netwo	rk					Medical				Rx						
	Plan Na	ame		Metal	Act'l	Plan	Dedu	ctible		OOP M	aximum					OP Surgery			Deduct.	Deduct. Tier 2 Tier 3					3
Product	Medical	Rx	SCID	Level	Value	Ratio	Indiv.	Family	Coins	Indiv.	Family	PCP	SCP	UC	ER	Free-St.	Hospital	IP	Type	Type	Deduct.	Γier 1	Tier 2 Spec.	Tier 3 Spec.	:. Tier 4
Core	BQ-A4	A88L	21066DC0010019-01	Gold 10	80.9%	0.5372	\$750	\$1,500	80%	\$7,500	\$15,000	\$20	\$40	\$20	\$250 POD	D+C	\$250 POD	D+C	Emb	Sep		\$10	\$45	20%	30%
Core	BQ-BK	A91L	21066DC0040003-01	Silver 8	71.7%	0.4322	\$2,750	\$5,500	70%	\$8,150	\$16,300	\$50	\$100	\$50	D+C	\$300	D+C	D+C	Emb	Sep	\$250	\$10	\$45	20%	30%
Core	BQ-AP	A88L	21066DC0040007-01	Gold 7	81.1%	0.6224	\$1,750	\$3,500	100%	\$3,000	\$6,000	D+C	D+C	D+C	\$250 CAD	D+C	D+C	D+C	Non-Emb Ded (Emb OOP)	Comb		\$10	\$45	20%	30%
Core	BQ-ET	A89L	21066DC0040001-01	Bronze 4	62.6%	0.3800	\$6,700	\$13,400	100%	\$6,700	\$13,400	D+C	D+C	D+C	D+C	D+C	D+C	D+C	Emb	Comb		\$0	\$0	\$0	\$0
Core	BQ-BH	A88L	21066DC0010015-01	Silver 11	71.3%	0.4874	\$2,750	\$5,500	100%	\$6,700	\$13,400	\$25 CAD	\$50 CAD	\$25 CAD	\$250 CAD	D+C	\$250 POD	\$500 CAD	Non-Emb Ded (Emb OOP)	Comb		\$10	\$45	20%	30%
Navigate	BQ-AT	A88L	21066DC0010017-01	Gold 10	80.9%	0.5142	\$750	\$1,500	80%	\$7,500	\$15,000	\$20	\$40	\$20	\$250 POD	D+C	\$250 POD	D+C	Emb	Sep		\$10	\$45	20%	30%
Navigate	BQ-AV	A91L	21066DC0050003-01	Silver 8	71.7%	0.4140	\$2,750	\$5,500	70%	\$8,150	\$16,300	\$50	\$100	\$50	D+C	\$300	D+C	D+C	Emb	Sep	\$250	\$10	\$45	20%	30%
Navigate HSA	BQ-AS	A88L	21066DC0050006-01	Gold 7	81.0%	0.5864	\$1,750	\$3,500	100%	\$3,000	\$6,000	D+C	D+C	D+C	\$250 POD	D+C	D+C	D+C	Non-Emb	Comb		\$10	\$45	20%	30%
Navigate HSA	BQ-EU	A89L	21066DC0050001-01	Bronze 4	62.6%	0.3633	\$6,700	\$13,400	100%	\$6,700	\$13,400	D+C	D+C	D+C	D+C	D+C	D+C	D+C	Emb	Comb		\$0	\$0	\$0	\$0
Navigate HSA	BQ-AU	A88L	21066DC0050007-01	Silver 11	71.3%	0.4658	\$2,750	\$5,500	100%	\$6,700	\$13,400	\$25 CAD	\$50 CAD	\$25 CAD	\$250 CAD	D+C	\$250 POD	\$500 CAD	Non-Emb Ded (Emb OOP)	Comb		\$10	\$45	20%	30%

UnitedHealthcare of the Mid-Atlantic, Inc., 5/24/2019

Year Over Year Rate Change

Rate Changes - Base Rates, Benefit Plan Ratios and Effective Date Adjustment (EDA) Factors (from Exhibit 1)

					Curre	nt - 4th Qua	arter 201	9 Rate	Proposed	- 1st Quarte	er 2020 Rate	% Rate		Min:	4.7%	Max: 11.2%	
					Base	Plan	EDA	4Q2019	Base	Plan	1Q2020	Change		1Q19	2Q19	3Q19	4Q19
					Rate	Ratio	Factor	Rate =	Rate	Ratio	Rate =	4Q19		to	to	to	to
Product	2019	2020	Rx		(a)	(b)	(c)	(a x b x c)	(d)	(e)	(d x e)	to 1Q20		1Q20	2Q20	3Q20	4Q20
Core	BH-F4	BQ-A4	A88L	•	\$586.40	0.5941	1.081	\$376.60	\$701.89	0.5372	\$377.06	0.1%		8.2%	7.6%	7.0%	6.3%
Core	BH-FO	BQ-BK	A91L		\$586.40	0.4764	1.081	\$301.99	\$701.89	0.4322	\$303.36	0.5%		8.6%	8.0%	7.3%	6.6%
Core	BH-E8	BQ-ET	A89L		\$586.40	0.4090	1.081	\$259.26	\$701.89	0.3800	\$266.72	2.9%		11.2%	10.6%	9.9%	9.2%
Core	BH-FP	BQ-BH	A88L		\$586.40	0.5471	1.081	\$346.81	\$701.89	0.4874	\$342.10	-1.4%		6.6%	6.0%	5.4%	4.7%
Navigate	BH-FC	BQ-AT	A88L		\$586.40	0.5690	1.081	\$360.69	\$701.89	0.5142	\$360.91	0.1%		8.2%	7.5%	6.9%	6.2%
Navigate	BH-FD	BQ-AV	A91L		\$586.40	0.4567	1.081	\$289.50	\$701.89	0.4140	\$290.58	0.4%		8.5%	7.9%	7.2%	6.6%
Navigate HSA	BH-E9	BQ-EU	A89L		\$586.40	0.3912	1.081	\$247.98	\$701.89	0.3633	\$255.00	2.8%		11.2%	10.5%	9.9%	9.2%
Core		BQ-AP	A88L		New Bene	efit Plan			\$701.89	0.6224	\$436.86						
Navigate HSA		BQ-AS	A88L		New Bene	efit Plan			\$701.89	0.5864	\$411.59						
Navigate HSA		BQ-AU	A88L		New Bene	efit Plan			\$701.89	0.4658	\$326.94						

New 2020 Benefit Plans

		Metal	Plan
SCID	Product	Level	Name
21066DC0040007-01	Core	Gold 7	BQ-AP
21066DC0050006-01	Navigate HSA	Gold 7	BQ-AS
21066DC0050007-01	Navigate HSA	Silver 11	BQ-AU

Terminated 2019 Benefit Plans

		Metal	Plan
SCID	Product	Level	Name
21066DC0040005	Core	Gold 25	BH-FG
21066DC0040006	Core	Silver 19	BH-FJ
21066DC0040004	Core-HSA	Gold 1	BH-E2
21066DC0050004	Navigate	Gold 25	BH-FK
21066DC0050005	Navigate	Silver 19	BH-FL
21066DC0010010	Navigate-HSA	Gold 11	BH-FB
21066DC0010009	Navigate-HSA	Silver 11	BH-FA

2019 Benefit Plans with Plan Changes (Uniform Modification)

		Metal	2019	2020		Value of Benefit
SCID	Product	Level	Name	Name	Benefit Plan Changes	Change on Rate
					INN OOPM from 6500/13000 to 7500/15000; ER from D&C to \$250+D&C	
21066DC0010019-01	Core	Gold 10	BH-F4	BQ-A4	, , , ,	-5.0%
					INN Ded from 2500/5000 to 2750/5500; INN OOPM from	
					7900/15800 to 8150/16300; Rx Plan from 818 (Advantage) to A91L	
21066DC0040003-01	Core	Silver 8	BH-FO	BQ-BK	(Essential); Add PLN	-4.5%
21066DC0040001-01	Core	Bronze 4	BH-E8	BQ-ET	Rx Plan from 575 (Advantage) to A89L (Essential)	-2.7%
					INN Ded from 2600/5200 to 2750/5500; ER from \$150 after ded to \$250	
21066DC0010015-01	Core	Silver 11	BH-FP	BQ-BH	after ded; Rx Plan from 816(Advantage) to A88L(Essential); Add PLN	-5.2%
					INN OOPM from 6500/13000 to 7500/15000; ER from D&C to	
					\$250+D&C OP MH/SA from \$20 to \$40; Change from	
21066DC0010017-01	Navigate	Gold 10	BH-FC	BQ-AT	816(Advantage) to A88L(Essential); Add PLN	-5.1%
					INN Ded from 2500/5000 to 2750/5500; INN OOPM from 7900/15800 to	
21066DC0050003-01	Navigate	Silver 8	BH-FD	BQ-AV	8150/16300; Rx Plan from 818(Advantage) to A91L(Essential); Add PLN	-4.6%
21066DC0050001-01	Navigate HSA	Bronze 4	BH-E9	BQ-EU	Rx Plan from 575 (Advantage) to A89L (Essential)	-2.8%

Unchanged 2019 Benefit Plans - Continued into 2020

There are no unchanged benefit plans

Formula & Example Exhibit 5

Rate Calculation Formula

Monthly premium =

Base Rate

x Plan ratio

x Effective date adjustment (EDA) factor for plan effective or renewal date

x Sum of member age factors for the group

Rating Example

Benefit Plan: Core plan BQ-A4 with Rx A88L

Effective Date: 1/1/20

Census:

		Member A	∖ges				Age I	-actors		
	EE Age	Spouse Age	Child #1	Child #2	· •	<u>EE</u>	<u>Spouse</u>	Child #1	Child #2	
EE #1	43	41	10	15		1.094	1.013	0.654	0.654	
EE #2	35	36	5	9		0.876	0.896	0.654	0.654	
EE #3	53	55	19			1.605	1.733	0.654		

Total Members: 11 Sum of Age Factors: 10.487

Rate Calculation

	Rating Factor Exnit	off 1 rocation	l
\$701.89	Base Rate	(1)	
0.5372	Benefit Plan Ratio (BQ-A4 w A88L)	(2)	
1.000	EDA Factor (1Q20)	(3)	
10.487	Group Age Factor	(4)	
\$3,954.18			

Total Monthly Premium

				2040	2040	Current		New I		Data Changa	Revenue
License	Plan Name Metal Level	Product	Rx Plan	2018 Members	2019 Base Rate	Plan Ratio Medical	PMPM	Plan Ratio	PMPM	Rate Change by Plan	Nuetral PMPM
OCI	AE-CM	нмо	YM	761	640.65	0.7721	494.62	0.7646	489.82	1.8%	503.39
OCI	AJ-EU	HMO	ZR	1182	640.65	0.7747	496.31	0.7668	491.23	1.7%	504.84
OCI OCI	AJ-ET AM-4N	HMO HMO	ZU YM	636 263	640.65 640.65	0.8216 0.6000	526.37 384.36	0.8149 0.5720	522.09 366.43	1.9% -2.0%	536.55 376.58
OCI	AL-EJ	HMO	YM	720	640.65	0.6106	391.15	0.5852	374.89	-1.5%	385.27
OCI	AL-EL	HMO	YM	313	640.65	0.6734	431.43	0.6485	415.43	-1.0%	426.94
OCI OCI	AL-EK	HMO	YM YM	460 1330	640.65 640.65	0.5466	350.19	0.5142 0.7646	329.43	-3.3%	338.55 503.39
UHCMA	AX-BB AL-EI	HMO HMO	YM	93	586.40	0.7721 0.6106	494.62 358.03	0.5852	489.82 343.14	1.8% -1.5%	352.65
UHCMA	AL-DS	HMO	YM	348	586.40	0.6106	358.03	0.5852	343.14	-1.5%	352.65
UHCMA	AL-D2	HMO	YM	50	586.40	0.6734	394.89	0.6485	380.26	-1.0%	390.79
UHCMA	AL-DO	HMO	YM	63	586.40	0.6734	394.89	0.6485	380.26	-1.0%	390.79
UHCMA UHCMA	AL-FH AL-FG	HMO HMO	D0 D0	65 124	586.40 586.40	0.4934 0.4934	289.35 289.35	0.4662 0.4662	273.37 273.37	-2.9% -2.9%	280.95 280.95
UHCMA	AL-DT	HMO	YM	77	586.40	0.5466	320.53	0.5142	301.53	-3.3%	309.88
UHCMA	AL-DM	HMO	YM	94	586.40	0.5466	320.53	0.5142	301.53	-3.3%	309.88
UHCMA	AL-DU	HMO	YM	13	586.40	0.4126	241.92	0.3934	230.68	-2.0%	237.07
UHCMA UHIC	AL-DN AD-7H	HMO POS	YM YM	178 6259	586.40 652.85	0.4126 0.7835	241.92 511.52	0.3934 0.7761	230.68 506.69	-2.0% 1.8%	237.07 520.72
UHIC	AJ-EV	POS	ZR	2694	652.85	0.7852	512.59	0.7773	507.46	1.7%	521.51
UHIC	6Y-5	POS	ZV	2515	652.85	0.7487	488.82	0.7415	484.09	1.8%	497.50
UHIC	AJ-EW	POS	ZU ZV	7167	652.85	0.8339	544.40	0.8272	540.06	2.0%	555.02
UHIC	AJ-EX AJ-EY	POS POS	ZU	4412 1642	652.85 652.85	0.7973 0.8213	520.52 536.20	0.7891 0.8138	515.20 531.29	1.7% 1.8%	529.47 546.01
UHIC	AD-69	POS	263	2049	652.85	0.8394	548.02	0.8322	543.32	1.9%	558.37
UHIC	AL-DI	POS	263	736	652.85	0.8207	535.78	0.8124	530.39	1.7%	545.08
UHIC	AL-DJ	POS	263	5491	652.85	0.8441	551.10	0.8372	546.54	1.9%	561.68
UHIC	AL-DC AL-C9	POS POS	YM YM	1384 6093	652.85 652.85	0.6649 0.6976	434.07 455.41	0.6355 0.6714	414.90 438.34	-1.8% -1.1%	426.39 450.48
UHIC	60-J	EPO	YM	404	652.85	0.6000	391.68	0.5720	373.40	-2.0%	383.75
UHIC	60-K	POS	YM	927	652.85	0.6114	399.12	0.5834	380.89	-1.9%	391.44
UHIC	AL-DX	POS	YM	2013	652.85	0.6323	412.82	0.6077	396.76	-1.2%	407.75
UHIC	AL-DY AL-D1	POS EPO	YM YM	4716 954	652.85 652.85	0.6219 0.6734	406.03 439.64	0.5966 0.6485	389.50 423.35	-1.4% -1.0%	400.29 435.07
UHIC	AL-DZ	POS	YM	522	652.85	0.6860	447.85	0.6609	431.45	-1.0%	443.40
UHIC	AL-JF	EPO	YM	1088	652.85	0.6549	427.57	0.6416	418.90	0.7%	430.50
UHIC	AL-JG	POS	YM	2756	652.85	0.6666	435.19	0.6534	426.56	0.7%	438.37
UHIC	AL-FF AL-C8	EPO EPO	ZT YM	95 439	652.85 652.85	0.5879 0.5433	383.83 354.72	0.5614 0.5130	366.51 334.92	-1.9% -3.0%	376.67 344.20
UHIC	AL-DA	POS	YM	575	652.85	0.5546	362.07	0.5241	342.18	-2.9%	351.65
UHIC	AL-DB	POS	YM	1051	652.85	0.5165	337.22	0.4920	321.19	-2.1%	330.09
UHIC	AL-DV	EPO	D0	170	652.85	0.4934	322.14	0.4662	304.35	-2.9%	312.78
UHIC	AL-DW AL-D3	POS EPO	D0 ZT	647 421	652.85 652.85	0.5030 0.5038	328.37 328.93	0.4758 0.4755	310.62 310.42	-2.8% -3.0%	319.22 319.02
UHIC	AL-JI	EPO	YM	626	652.85	0.5466	356.85	0.5142	335.70	-3.3%	345.00
UHIC	AL-JH	POS	YM	936	652.85	0.5580	364.28	0.5255	343.05	-3.2%	352.55
UHIC	AL-FE	EPO	ZT	23	652.85	0.4835	315.67	0.4606	300.71	-2.1%	309.04
UHIC OCI	AL-JD AT-1A	EPO HMO	YM 684	94 2037	652.85 640.65	0.4126 0.7675	269.34 491.69	0.3934 0.7481	256.82 479.29	-2.0% 0.2%	263.94 492.57
OCI	AT-Z9	HMO	010	1172	640.65	0.8021	513.87	0.7481	505.20	1.0%	519.20
OCI	AT-1C	нмо	010	559	640.65	0.7931	508.07	0.7715	494.29	0.0%	507.98
OCI	AT-1B	HMO	591	748	640.65	0.5996	384.15	0.5712	365.95	-2.1%	376.08
OCI OCI	AT-Z8 AT-Z3	HMO HMO	591 723	67 396	640.65 640.65	0.6755 0.6812	432.77 436.40	0.6507 0.6541	416.85 419.02	-1.0% -1.3%	428.39 430.63
OCI	AT-Z7	HMO	591	185	640.65	0.5479	351.00	0.5153	330.11	-3.3%	339.25
OCI	AT-Z6	нмо	724	136	640.65	0.5876	376.44	0.5402	346.09	-5.5%	355.68
UHCMA	AT-ZN	HMO	591	690	586.40	0.6044	354.44	0.5780	338.93	-1.7%	348.32
UHCMA UHCMA	AT-ZF AT-ZL	HMO HMO	591 591	1475 64	586.40 586.40	0.6044 0.6755	354.44 396.13	0.5780 0.6507	338.93 381.55	-1.7% -1.0%	348.32 392.12
UHCMA	AT-ZE	HMO	591	400	586.40	0.6755	396.13	0.6507	381.55	-1.0%	392.12
UHCMA	AT-Z1	HMO	593	278	586.40	0.4938	289.59	0.4673	274.03	-2.8%	281.62
UHCMA	AT-ZG	HMO	593	237	586.40	0.4938	289.59	0.4673	274.03	-2.8%	281.62
UHCMA	AT-ZH	HMO	591	75	586.40	0.5479	321.28	0.5153	302.15	-3.3%	310.52
UHCMA UHCMA	AT-ZD AT-YW	HMO HMO	591 575	332 30	586.40 586.40	0.4835 0.4102	283.52 240.52	0.4601 0.3914	269.82 229.54	-2.2% -1.9%	277.29 235.90
UHCMA	AT-ZB	HMO	575	372	586.40	0.4102	240.52	0.3914	229.54	-1.9%	235.90
UHCMA	AT-YY	HMO	725	45	586.40	0.4445	260.67	0.4198	246.14	-3.0%	252.96
UHCMA	AT-ZC	HMO	725	21	586.40	0.4445	260.67	0.4198	246.14	-3.0%	252.96
UHIC	AT-ZX AT-ZO	EPO POS	684 684	429 5670	652.85 652.85	0.7675 0.7792	501.06 508.68	0.7481 0.7599	488.42 496.07	0.2% 0.2%	501.95 509.82
UHIC	AT-YT	POS	590	2009	652.85	0.7354	480.10	0.7283	475.50	1.8%	488.67
UHIC	AT-ZY	EPO	010	735	652.85	0.8021	523.66	0.7886	514.82	1.0%	529.08
UHIC	AT-ZR	POS	010	6537	652.85	0.8143	531.61 525.71	0.8008	522.80	1.1%	537.28 525.87
UHIC	AT-ZS AT-ZA	POS POS	010 263	9057 5310	652.85 652.85	0.8053 0.8339	525.71 544.43	0.7838 0.8263	511.69 539.43	0.0% 1.8%	525.87 554.38
UHIC	AT-YS	POS	591	5385	652.85	0.7026	458.71	0.6776	442.37	-0.9%	454.62
UHIC	AT-ZP	EPO	591	1134	652.85	0.5996	391.47	0.5712	372.92	-2.1%	383.25
UHIC	AT-ZQ AT-ZI	POS POS	591 591	1906 6918	652.85 652.85	0.6110 0.6152	398.91 401.65	0.5827 0.5889	380.40 384.44	-2.0% -1.6%	390.94 395.09
UHIC	AT-ZK	EPO	591	1108	652.85	0.6321	401.65	0.5889	392.01	-1.6%	395.09 402.87
UHIC	AT-ZJ	POS	591	3463	652.85	0.6881	449.23	0.6631	432.90	-1.0%	444.89
UHIC	AT-ZT	EPO	591	2545	652.85	0.6378	416.38	0.6062	395.75	-2.3%	406.71
UHIC	AT-ZU AT-YV	POS EPO	591 593	7308 649	652.85 652.85	0.6486 0.5842	423.47 381.39	0.6171 0.5580	402.89 364.29	-2.2% -1.8%	414.05 374.38
UHIC	AT-YZ	EPO	593 726	649 618	652.85 652.85	0.5842	381.39 379.21	0.5580	364.29 359.30	-1.8% -2.6%	3/4.38 369.25
UHIC	AT-Y1	POS	726	834	652.85	0.5903	385.39	0.5599	365.51	-2.5%	375.64
UHIC	AT-Y6	EPO	723	670	652.85	0.6812	444.71	0.6541	427.00	-1.3%	438.83
UHIC	AT-Y7 AT-ZM	POS EPO	723 593	1485 598	652.85 652.85	0.6879 0.4938	449.12 322.41	0.6609 0.4673	431.44 305.09	-1.3% -2.8%	443.39 313.54
UHIC	AT-ZM AT-ZZ	POS	593 593	598 849	652.85 652.85	0.4938	322.41 328.63	0.4673	305.09 311.35	-2.8% -2.6%	313.54 319.98
UHIC	AT-ZW	EPO	591	863	652.85	0.5479	357.69	0.5153	336.39	-3.3%	345.71
UHIC	AT-ZV	POS	591	1160	652.85	0.5590	364.91	0.5262	343.53	-3.3%	353.04
UHIC	AT-YU AT-Y2	EPO EPO	593 726	143 121	652.85 652.85	0.4822 0.4824	314.77 314.96	0.4598 0.4609	300.19 300.89	-2.0% -1.8%	308.50 309.23
UHIC	AT-Y2 AT-Y3	POS	726 726	121 277	652.85 652.85	0.4824	314.96 319.78	0.4609	300.89 305.75	-1.8% -1.7%	309.23 314.21
UHIC	AT-Y4	EPO	726	90	652.85	0.4743	309.62	0.4514	294.67	-2.2%	302.83
UHIC	AT-Y5	POS	726	120	652.85	0.4817	314.45	0.4588	299.54	-2.1%	307.83
UHIC	AT-Y8 AT-Y9	EPO POS	724 724	66 305	652.85 652.85	0.5876 0.5943	383.61 387.98	0.5402 0.5469	352.68 357.07	-5.5% -5.4%	362.45 366.96
UHIC	AT-YX	EPO	724 575	305 234	652.85 652.85	0.5943	387.98 267.77	0.5469	357.07 255.55	-5.4% -1.9%	366.96 262.63
		-								,	
						embership in		143,584			143,584
					PMPM using the PMPM using the PMPM using			\$463.76 \$451.26	Cı	urrent Revenue: New Revenue:	\$ 66,588,908 \$ 66,588,908
				Average r		g the new price e Neutrality A		2.8%	Cha	nge in Revenue:	\$ 66,588,908 0.0%

Cost Sharing Design of Plan Exhibit 7

Plan Name	BQ-AT	BQ-A4	BQ-BH	BQ-AP	BQ-BK	BQ-ET	BQ-AS	BQ-AV	BQ-AU	BQ-EU
Actuarial value and cost-sharing design of										
the plan (From the URRT)	0.550	0.575	0.522	0.666	0.463	0.407	0.628	0.443	0.498	0.389
Paid/Allowed Ratio (Cost-Sharing only)	0.470	0.491	0.483	0.569	0.428	0.407	0.536	0.410	0.462	0.389
Used Induced utilization factors	1.170	1.170	1.080	1.170	1.080	1.000	1.170	1.080	1.080	1.000
Calculated	0.550	0.575	0.522	0.666	0.462	0.407	0.627	0.443	0.498	0.389

Member Months, Earned Premium & Incurred Claim Experience - UHCMA

		Earned	Incurred	Risk	Claim	Risk Adj.	Galaxy
<u>Month</u>	<u>Members</u>	<u>Premium</u>	<u>Claims</u>	<u>Adjustment</u>	<u>PMPM</u>	Loss Ratio	Rx Rebate
Jan-16	69	16,220	1,712	-84.6%	24.81	68.5%	(13)
Feb-16	73	17,032	1,940	-84.6%	26.57	74.0%	(96)
Mar-16	77	18,081	23,239	-84.6%	301.80	834.6%	(13)
Apr-16	76	18,392	3,141	-84.6%	41.33	110.9%	(63)
May-16	81	19,412	4,118	-84.6%	50.84	137.7%	(39)
Jun-16	81	19,236	3,713	-84.6%	45.84	125.3%	(67)
Jul-16	80	19,430	3,975	-84.6%	49.69	132.8%	(739)
Aug-16	85	21,692	4,504	-84.6%	52.99	134.8%	(14)
Sep-16	86	21,897	6,163	-84.6%	71.66	182.8%	(51)
Oct-16	93	23,811	6,074	-84.6%	65.31	165.6%	(283)
Nov-16	92	22,276	8,762	-84.6%	95.24	255.4%	(260)
Dec-16	110	26,370	12,455	-84.6%	113.22	306.7%	(1,032)
Jan-17	127	32,228	24,336	-77.0%	191.62	328.3%	(240)
Feb-17	139	36,612	6,436	-77.0%	46.30	76.4%	(236)
Mar-17	147	38,341	4,917	-77.0%	33.45	55.8%	(229)
Apr-17	162	43,554	31,095	-77.0%	191.94	310.4%	(328)
May-17	176	47,286	6,402	-77.0%	36.37	58.9%	(290)
Jun-17	191	51,631	7,163	-77.0%	37.50	60.3%	(303)
Jul-17	204	54,702	9,873	-77.0%	48.40	78.5%	(290)
Aug-17	208	55,249	22,815	-77.0%	109.69	179.5%	(832)
Sep-17	218	58,766	7,699	-77.0%	35.32	57.0%	(208)
Oct-17	219	60,193	9,910	-77.0%	45.25	71.6%	(540)
Nov-17	228	62,720	17,750	-77.0%	77.85	123.0%	(202)
Dec-17	257	71,315	10,792	-77.0%	41.99	65.8%	(285)
Jan-18	316	89,753	11,722	36.4%	37.09	9.6%	(674)
Feb-18	338	95,833	14,186	36.4%	41.97	10.9%	(1,072)
Mar-18	362	101,475	15,574	36.4%	43.02	11.3%	(1,108)
Apr-18	378	105,782	16,186	36.4%	42.82	11.2%	(1,227)
May-18	391	110,141	23,919	36.4%	61.17	15.9%	(2,913)
Jun-18	407	111,494	26,257	36.4%	64.51	17.3%	(1,648)
Jul-18	424	116,972	25,315	36.4%	59.71	15.9%	(1,261)
Aug-18	467	141,857	34,446	36.4%	73.76	17.8%	(1,502)
Sep-18	478	147,003	34,896	36.4%	73.00	17.4%	(1,055)
Oct-18	505	158,304	35,952	36.4%	71.19	16.7%	(3,825)
Nov-18	518	162,431	402,166	36.4%	776.38	181.6%	(1,313)
Dec-18	541	153,889	203,885	36.4%	376.87	97.2%	(2,011)
2018 Total	5,125	1,494,932	844,505	36.4%	164.78	41.4%	(19,609)

Certification for AV Calculator Exhibit B

Estimation of fit of plan design into the parameters of AV calculator

Metallic Plan (e)	INN Coins	OP Copay Free Standing	OP Copay Hospital	Imaging (CT/PET Scans, MRIs) Free Standing	Imaging (CT/PET Scans, MRIs) Hospital	Imaging (CT/PET Scans, MRIs)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Specialty Drugs (i.e. high-cost)	Methodology
Silver 8	70%	\$300	D&C	\$300	D&C	56.2%/D&C	32.8%/D&C		b,d
Silver 11	100%	D&C	\$250+D&C	D&C	\$250+D&C	D&C/63.5%	D&C/44.0%		a, b, d
Gold 10	80%	D&C	\$250+D&C	D&C	\$250+D&C	D&C/50.4%	D&C/33.9%		a,b,d

Methodology

- a) An effective coinsurance for Per-Occurrence Deductibles on Imaging services and Outpatient facility fee was calculated based on unit costs derived from
- a) An effective coinsurance for Per-Occurrence Deductibles on Imaging services and Outpatient facility fee was calculated based
 UnitedHealthcare's proprietary pricing model.
 b) Actuarial Value is the blend of Free-Standing and Hospital setting run, where weight of Free Standing and Hospital Setting are
 adjusted based on actual utilization of free standing and hospital facilities by service categories.
 c) Speciality Rx: Entered the Rx Tier cost share with the highest specialty drug utilization per UnitedHealthcare's proprietary
- pricing model.
 d) See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name.

Certification

For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.

Ryan Morgan Ryan Morgan, FSA, MAAA

DC Small Group Rate Review - Development of Underwriting Loss Ratio Total for UHIC, UHCMA, and OCI

Experience 1/1/2018-12/31/2018	Total
1a. Member Months	143,511
1b. Incurred Claims	\$50,081,602
1c. Claim PMPM (1b/1a)	\$348.97
1d. Catastrophic Claims Adjustment PMPM	\$2.06
1e. Adjusted Claim PMPM (1c+1d)	\$351.03
1f. Earned Premium	\$62,255,352
1g. Premium PMPM (1f/1a)	\$433.80
1h. Adjusted Benefit Ratio (1e/1g)	80.9%
2a. Claim trend	1.181
From center of experience period: 7/1/18	
to average center of 1/1/19 pricing period: 7/1/20, 8/1/20, 9/1	L/20
(25 months at 8.3% annual rate)	
2b. Deductible Maturity adjustment	1.01
2c. Claim cost subtotal (1c x 2a x 2b)	\$418.61
2d. Admin, Profit & Taxes	\$108.18
Admin	\$41.17
Commissions	\$13.82
Taxes	\$37.36
Profit	\$15.82
2e. Needed revenue PMPM before risk adjustment (2c + 2d)	\$526.79
2g. Risk Adjustment (2.7% Payer)	\$14.55
2f. Needed Revenue PMPM after risk adjustment (2e + 2f)	\$541.34
3a. DC SG Trended Base Rate	\$720.42
3b. Proposed Base Rate Increase (3.1%)	1.031
3c. Current Average Med Plan Rel	0.7095
3d. Current Average Age Factor	1.027
3e. Current premium PMPM for 1/1/20 effective date	
(3a x 3b x 3c x 3d)	\$541.34
4. Estimated Underwriting Loss Ratio (2c/2e)	79.5%



Healthcare Economics

WASHINGTON DC SMALL GROUP PRICING TREND DEVELOPMENT APRIL 2019 RATE FILING SUPPORT

WASHINGTON DC SMALL GROUP PRICING TREND BY COMPONENT									
	Notes:	Inpatient	Outpatient	Professional	<u>Other</u>	<u>Capitation</u>	Total <u>Medical</u>	Retail <u>Pharmacy</u>	Weighted Aggregate
Component Summary									
Utilization / Service Mix	[1],[2]	3.7%	4.2%	2.7%	0.4%	0.0%	3.2%	3.9%	3.3%
Unit Cost	[3]	4.8%	4.9%	3.0%	1.0%	3.3%	4.0%	4.8%	4.1%
Demographic Change	[5]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Benefit Leveraging	[4]	0.1%	0.6%	1.0%	0.3%	0.0%	0.5%	1.0%	0.6%
<u>Margin</u>		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<u>0.0%</u>
Total Proposed Pricing Trend	[6]	8.8%	9.9%	6.8%	1.7%	3.3%	7.9%	9.9%	8.3%
Service Weight - Washington Do		22.5%	25.1%	24.3%	5.7%	2.5%	80.1%	19.9%	100.0%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intenisty of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

Supporting Document Schedules

Supporting Document Sc	
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	DC_21066_UHCMA_SG_PartIII_2020Q1_v1.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC-SG-UHCMA-ActMemo-2020-01-v1.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC_21066_UHCMA_SG_PartIII_2020Q1_v1.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	required documentation is not available yet
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	DC-SG-UHCMA-Cover-2020-01-v1.pdf
Item Status:	
Status Date:	

SERFF Tracking #: UHLC-131910012 State Tracking #: Company Tracking #: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc. State: TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other DC-SG-UHCMA-2020-01 Product Name: Project Name/Number: Satisfied - Item: **DISB Actuarial Memorandum Dataset** Comments: Attachment(s): DC-SG-UHCMA-ActuarialDataset-2020-01-v2.xlsx **Item Status:** Status Date: Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C) **Bypass Reason:** NA Attachment(s): **Item Status:** Status Date: Bypassed - Item: District of Columbia and Countrywide Loss Ratio Analysis (P&C) **Bypass Reason:** NA Attachment(s): Item Status: Status Date: Satisfied - Item: Unified Rate Review Template Comments: 2020 UHCMA URRT v1.pdf Attachment(s): 2020 UHCMA URRT v1.xlsm **Item Status:** Status Date: Satisfied - Item: District of Columbia Plain Language Summary Comments: Attachment(s): DC-SG-UHCMA-PlainLanguageSummary-2020-01-v2.pdf Item Status: **Status Date:** Satisfied - Item: Rate Review Checklist Comments: Attachment(s): DC-SG-Checklist-2020.pdf Item Status:

Status Date:

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc. TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other Product Name: DC-SG-UHCMA-2020-01 Project Name/Number: Satisfied - Item: AV Screenshots Comments: Attachment(s): AV Screenshots_UHCMA_2020_01.pdf **Item Status: Status Date:** Satisfied - Item: Risk Adjustment RATEE Data Comments: DC Confidentiality Cover Letter EDGE Data 5.24.19.pdf 21066.RATEE.D20190503T000253.P.xml Attachment(s):

Company Tracking #:

SERFF Tracking #:

Item Status: Status Date:

UHLC-131910012

State Tracking #:

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

Attachment DC-SG-UHCMA-ActuarialDataset-2020-01-v2.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2020_UHCMA_URRT_v1.xlsm is not a PDF document and cannot be reproduced here.

Attachment 21066.RATEE.D20190503T000253.P.xml is not a PDF document and cannot be reproduced here.

Federal Rate Filing Justification Part III Actuarial Memorandum and Certification

UnitedHealthcare of the Mid-Atlantic, Inc.

NAIC: 0707-21066

FEIN: 521130183

State of District of Columbia Rate Review

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Section 1: Purpose

The following is a rate filing prepared by UnitedHealthcare of the Mid-Atlantic, Inc.. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of District of Columbia. The purpose of this memorandum is to provide information relevant to the Federal Part I Unified Rate Review Template (URRT).

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold on the Small Business Health Options Program in District of Columbia for the 2020 plan year. A rate increase is being filed at this time. The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

This memorandum is intended solely for the information of and use by the Department of Health and Human Services and the District of Columbia Department of Insurance and Financial Services. It will demonstrate compliance with state and federal laws and regulations related to the development of the index rate and allowable rating factors and is not intended to be used for any other purpose.

The attached document contains confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by D.C. Code section 31-3303.08(b) and D.C. Code section 2-534(a)(1). If the prohibition against disclosure by the Department of Insurance and Financial Services is reassessed at a later date, it may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

Section 2: General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare of the Mid-Atlantic, Inc.

State: District of Columbia

HIOS Issuer ID: 21066

Market: Small Business, 1-50
Proposed Effective Date: January 01,2020

Primary Contact Information

Name: Ryan Morgan, FSA, MAAA

Telephone Number: 414-443-4287

Email Address: ryan_morgan2@uhc.com

Section 3: Proposed Rate Changes

The proposed change in rates for this filing is 7.43% compared to the prior filing. These changes are applied uniformly to all plans within a rating area. The proposed pricing trend is 8.29% annually.

The primary drivers of the proposed rate changes are the following:

- Changes in medical service costs
 - Increasing Cost of Medical Services Annual increases in reimbursement rates to health care providers – such as hospitals, doctors and pharmaceutical companies.
 - Increased Utilization The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
 - O Higher Costs from Deductible Leveraging Health care costs continue to rise every year. If deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
 - Cost shifting from the public to the private sector Reimbursements from the Center for Medicare
 and Medicaid Services (CMS) to hospitals do not generally cover all of the cost of care. The cost
 difference is being shifted to private health plans. Hospitals typically make up this difference by
 charging private health plans more.
 - Impact of New Technology Improvements to medical technology and clinical practice often result in the use of more expensive services - leading to increased health care spending and utilization.
- Administrative costs and anticipated profit
 - UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.
 - Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare's goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.
 - State and/or Federal government imposed taxation and fees are additional significant factors that impact health care spending. These fees include ACA taxes and fees which will have increased health insurance costs and need to be reflected in premium.
- Changes that vary by plan
 - All plan relativity factors have been updated to reflect UnitedHealthcare's most recent pricing model.
 - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the "Plan Adjusted Index Rate" section of the memorandum for more detail on these changes.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected paid-to-allowed relativities and expected utilization differences due to differences in cost sharing for each plan are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing by the estimated value of the benefits and the expected utilization differences due to differences in cost sharing. The utilization differences do not reflect differences due to health status. The net impact of all changes by plan can be found in Worksheet 2, Section I of the Unified Rate Review Template.

Significant factors driving the proposed rate changes are discussed in further detail in Section 6 (*Projection Factors*) and Section 7 (*Credibility Manual Rate Development*) of this memorandum.

Section 4: Experience and Current Period Premium, Claims and Enrollment

Paid Through Date

The experience period is 1/1/2018 through 12/31/2018, with claims paid through 2/28/2019.

Current Date

The current enrollment and premium is reported as of 12/31/2018.

Support for estimate of incurred but not paid claims

Historical claims are categorized both by the month in which they were incurred and the month in which they were adjudicated. For incurral months with sufficient adjudicated claim experience, incurred claims are estimated by applying completion factors derived from the historical claims. Adjustments are made based on specific knowledge of the entity (e.g., catastrophic claims, pended claims, etc.). For incurral months where adjudicated claim experience is not sufficient to rely on completion factors, a PMPM is used to estimate incurred claims. PMPM estimates are based on expected claim seasonality patterns, monthly calendar days and work days, emerging claim trends, and other factors.

The same completion factors are applied to both incurred and allowed claims amounts.

Experience Period Risk Adjustment

Risk Adjustments for the experience period are not known at this time.

Our 2018 risk adjustment transfer PMPM is estimated using data provided to UnitedHealthcare as a result of our participation in a multi-state study done by a large, independent actuarial consulting firm. Based on the results of that study, we expect that risk level of the membership insured by UnitedHealthcare of the Mid-Atlantic, Inc. to be lower than the market. This results in an approximate adjustment of \$95.71 PMPM.

Experience Period Index Rates

Experience Period Index Rates are defined as the allowed claims PMPM for Essential Health Benefits during the Experience Period. With the introduction of the URRT 5.0 and the breakout of service level EHB claims, the information provided reflects a reasonable estimate of the EHBs.

Section 5: Benefit Categories

Claims were assigned to each of the benefit categories based on where services were administered and the types of medical services rendered. The benefit categories were defined by our claims department using standard industry definitions.

Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.

Capitation

Includes all services provided under one or more capitated agreements.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

Section 6: Projection Factors

Trend

Two years of annual trend were applied to our 2018 experience to project it to the 2020 rating period. Our most recent analysis indicates annual trend in the state of District of Columbia for the 2019 and 2020 calendar years will be 8.1% and 8.3%, respectively. The table below details the components of each trend factor.

Trend Component	2019	2020
Unit Cost	3.90%	4.10%
Utilization	3.30%	3.30%
Total	8.10%	8.30%

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected. Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macroeconomic data is often used to develop assumptions regarding directional changes in national health care consumption rates. UnitedHealthcare uses same store analysis to reflect utilization.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence the mix of procedures. Unit cost is based on our contractual changes with providers.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Section 7: Credibility Manual Rate Development

Adjustments Made to the Data

Adjustments similar to the ones described in Section 6 were applied to the experience of the credibility manual to project it to the projection period. In addition, the credibility manual was adjusted to reflect the average age, geography, plan design and morbidity of the adjusted experience period claims.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

The experience for this legal entity contains 5,125 member months which does not exceed the 360,000 member months needed to be considered fully credible. As such the credibility of UnitedHealthcare of the Mid-Atlantic, Inc. is set to 0%, and the remaining uses the credibility manual described above.

Consideration was given to ASOP #25 when determining the credibility and appropriateness of the experience and the manual rate. The manual rate is sufficiently independent from the experience and can be blended with it for purposes of rate development.

Section 9: Development of Projected Index Rate

The experience period index rate is \$205.85 PMPM.

The Index Rate For the experience period is approximately 98.52% of allowed claims due to benefits in excess of EHBs. The reported percentage amount is based on experience data. The index rate of the experience period has been reported accordingly. The Index Rate in the projection period represents 98.52% of allowed claims due to the benefits in excess of EHBs.

The projected index rate of \$458.94 was calculated by trending and adjusting the experience period index rate to the projection period, including blending the experience with a manual rate if the experience was not fully credible. It is established in accordance with the requirements of 45 CFR §156.80(d). See sections 6, 7, and 8 of this memo for more details.

Section 10: Development of the Market-wide Index Rate

Reinsurance

There is no reinsurance program in force for this business, and as a result there are no reinsurance recoveries to report.

Risk Adjustment Payment/Charge

UnitedHealthcare of the Mid-Atlantic, Inc. anticipates paying for risk adjustment transfers in the state of District of Columbia for the 2020 plan year, which has been grossed up to \$12.35 PMPM on an allowed basis for purposes of calculating the Market-wide Adjusted Index Rate. We are assuming the risk level of our business relative to that of our competitors for the 2020 plan year will be similar to what it was in the 2018 plan year. Since risk adjustment transfer payments are a function of the market level premium, our 2020 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2018 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market.

Exchange User Fees

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

The market adjusted index rate includes market-wide adjustments for reinsurance, risk adjustment transfers and exchange user fees (if any).

	Net Federal or	Risk Adjustment	Exchange Fee Adjustment		
Index Rate	State Reinsurance	Payment/Charge	Adjustment	Market Adjusted	
	(allowed basis)	(allowed basis)	(allowed basis)	Index Rate	
\$458.94	\$0.00	(\$12.35)	0.00%	\$471.29	

The figures above may not tally exactly due to rounding of the display.

Section 11: Plan Adjusted Index Rate

Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio.

UnitedHealthcare of the Mid-Atlantic, Inc. does not utilize Induced Demand factors in our rate development. Instead, our plan-specific pricing factors are based on an analysis of UnitedHealthcare of the Mid-Atlantic, Inc.'s nationwide block of Small Group health insurance, which reflects over 10 million member months of experience. Our approach complies with the prohibition of rating for morbidity differences by normalizing out the cost differences attributable to morbidity as measured by HHS's risk adjustment mechanism.

Historical UnitedHealthcare experience was used to develop the actuarial value and cost sharing adjustment.

Provider network, delivery system and utilization management adjustment

Any adjustments for these items are included in the plan relativity factors.

Distribution and Administrative Costs

Distribution and administrative costs include premium tax, risk adjustment user fees, SG&A, quality improvements, federal income tax, and after-tax income. Risk adjustment transfers, net reinsurance recoveries and exchange fees are excluded because they are accounted for in the market adjusted index rate.

Administrative Expense Load

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load does not vary by product or plan. These assumptions are based on the general ledger actual results for 2018 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

Profit and Risk Margin

The profit and risk margin is shown in Worksheet 2, Section III of the URRT. This target does not vary by product or plan.

The profit and risk margin is derived from the difference between the administrative expenses, taxes and fees, and 1 minus the target loss ratio.

The profit and risk margin results in an anticipated MLR that is above the minimum requirements as described in the Projected Loss Ratio section.

Taxes and Fees

Taxes and fees are expected to be 7.1% and include premium tax, exchange fees (if any), risk adjustment user fees, and federal income tax. The following is a breakdown of the taxes and fees.

Premium Taxes and Fees Allocation	Estimated % of Premium
Federal / State Income Tax on Profit & Risk Load	0.8%
Premium Tax	2.0%
ACA Taxes: Insurer Fee	2.7%
ACA Taxes: PCORI Fee	0.0%
ACA Taxes: Risk Adjustment User Fee	0.0%
ACA Taxes: Exchange User Fee	1.0%
All Other Taxes & Fees	0.6%
Total	7.1%

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

Section 12: Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is 0.915, which equals one divided by the average age factor of the expected member distribution by age. The age factors used in this calculation are the DISB specified age curve.

Geographic Calibration

The geographic factor calibration is 1, which equals one divided by the expected average area factor. A table of the geographic rating factors is below.

Rating Area	Area Factor
1	1.000

Geographic rating factors are reviewed periodically versus UnitedHealthcare claims data that reflects unit cost differences by county. Such a review was conducted as part of our January 1, 2020 rate development.

Our analysis did not indicate that there were credible, material differences indicated by the comparison of currently approved area factors and the UHC data reflecting unit cost differences.

Population morbidity by area was not considered when determining geographic area factors.

Tobacco Calibration

Tobacco factors are not used in the rating of these products, and no calibration is needed.

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated premium rate for each plan. The calibrated premium rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age and area.

Section 13: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate, and applying the consumer specific age and geographic rating factors. The calculation is provided below.

Plan Adjusted Index Rate

- x Age Calibration Factor
- x Geographic Calibration Factor
- x Consumer Specific Age Rating Factor
- x Consumer Specific Geographic Rating Factor
- x Small Group Trend Adjustment
- = Consumer Adjusted Premium Rate

Section 14: Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2020 is 86.2%. UnitedHealthcare of the Mid-Atlantic, Inc. agrees to comply with the rebate requirements of 45 CFR Part 158 should the actual market MLR fall below the 80.0% requirement.

Since the last rate filing, UHC has elected to report a single quality improvement activity (QIA) amount of 0.8% of premium in lieu of actual QIA expenditures. This action is allowed per the 2019 Final Notice of Benefit and Payment Parameters (NBPP). Issuers electing to use the 0.8% must do it consistently across all states and markets subject to MLR, including amongst all affiliated issuers.

Section 15: AV Metal Values

The AV calculator used to calculate the AV metal values is based on a prescribed methodology and, therefore, does not necessarily reflect a reasonable estimate of the portion of allowed costs covered by the associated plan.

Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

Copays Paid in Conjunction with Coinsurance

Some of our plan designs include copays that are paid in conjunction with coinsurance in the coinsurance range. This benefit design is not directly compatible with the AV calculator, so the alternate methodology described in 45 CFR 156.135(b)(2) was used for the AV calculation. In order to modify the AV calculator input for a copay paid in conjunction with coinsurance, the following formula was used to estimate the insurer's cost share.

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

The benefit was then marked as "Subject to Deductible" and "Subject to Coinsurance" with a "Coinsurance, if different" equal to the effective insurer coinsurance rate as calculated above. The copay was entered in the "Copay if separate" column.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level. For example, if the plan was expected to fall within a Silver Metal Tier, the average unit cost was calculated from the Silver continuance tables. All enrollees within a continuance table whose claims exceeded \$1,500 were included in the calculation of the average unit cost for each benefit type.

Benefits that Vary Based on Place of Service

For some types of services, our plan designs include different benefit levels based on the place of service (i.e. physician's office, free standing facility, or outpatient hospital facility). To incorporate this differentiation in benefits, the Tiered Network Option was selected within the AV calculator, and utilization was assigned to each tier based on historical experience of affiliated carriers.

Physician Tiering

Select plan designs include lower cost sharing when members utilize providers we designate as meeting cost and efficiency standards. The tiered network functionality of the AV calculator was utilized to account for the cost sharing differences. The utilization of providers was based on a UnitedHealthcare study of differences in cost sharing and their effectiveness at driving utilization patterns.

Per Occurrence Copays

Select plan designs have per occurrence copays where a copay is paid before coinsurance is applied between the deductible and maximum out of pocket. These copays accumulate to the maximum out of pocket. To reflect this type of benefit an effective insurer coinsurance rate was calculated based on the average unit cost of the service and member coinsurance rate. The calculation is as follows:

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

Some of the copays only apply to portions of the benefit categories that the AV calculator defines. For example, the Inpatient Hospital Services includes both physician and facility charges. To the extent the plan design per occurrence copay only applies to a portion of the services, the tiered Network functionality was utilized. The mix of services within the AV calculator benefit categories was based on historical experience.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level where available.

Zero Dollar Copay for Dependents Under Age 19

Some plan designs assume no PCP copay applies for children under the age of 19. These copays were converted to an effective copay based on UnitedHealthcare historical membership distributions.

Laboratory and X-Ray Services

Some plan designs include a copay for minor lab and x-ray services. These copays are applied on a per visit basis. The AV Calculator assumes that the copays are on a per procedure basis. Therefore, the copay amounts are adjusted to reflect the equivalent per procedure amount.

Section 16: Membership Projections

The 2020 plan year membership projection was developed utilizing the experience period plan level membership distribution along with sales and persistency targets. Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2020. Strictly for purposes of the URRT, we have projected membership by plan.

Section 17: Plan Type

A plan type of HMO has been selected, which describes the plans exactly.

Section 18: Reliance

Due to responsibility allocation, I have relied upon other individuals within the UnitedHealthcare organization to provide certain assumptions. Although I have performed a limited review of the information and have not found it unreasonable or inconsistent, I have not reviewed it in enough detail to fully judge the reasonableness of the information due to the substantial amount of additional time required. I have therefore relied upon the expertise of those individuals who have developed the assumptions, and am providing the information required by Actuarial Standard of Practice 41, section 4.3. A list of reliances is included below.

<u>UnitedHealthcare Finance Department</u>

- Projected SG&A Assumption
- Total Projected Membership

<u>UnitedHealthcare National Pricing Team</u>

• Plan Relativity Modeling

UnitedHealthcare Healthcare Economics Department

- Projected Trend
- · Claims Reserves
 - ACO/Premium Designated Provider
- Cost Savings Estimates
- · Plan Relativity Modeling

Section 19: Actuarial Certification

I, Ryan Morgan, FSA, MAAA, am a Director of Actuarial Services for UnitedHealthcare, and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
 - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102).
 - Developed in compliance with the applicable Actuarial Standards of Practice.
 - Reasonable in relation to the benefits provided and population anticipated to be covered.
 - Neither excessive, deficient, nor unfairly discriminatory.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CRF 156.80(d)(2) were used to generate plan level rates.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I
 Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible
 with the AV calculator. The values were developed in accordance with generally accepted
 actuarial principles and methodologies. The unique plan design actuarial certification required by
 45 CFR Part 156.135 has been separately attached.
- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to
 develop their rates. Rather, it represents information required by federal regulation to be
 provided in support of the review of rate increases, for certification of qualified health plans for
 federally facilitated exchanges, and for certification that the index rate is developed in
 accordance with federal regulation and used consistently and only adjusted by the allowable
 modifiers.

Ryan Morgan	5/24/2019
Ryan Morgan, FSA, MAAA	Date
Director of Actuarial Services	

Actuarial Memorandum UnitedHealthcare of the Mid-Atlantic, Inc., NAIC #95025 DC Small Group Rate Filing

May 24, 2019

This rate filing presents proposed premium rates effective January 1, 2020 through December 31, 2020 for medical and Rx benefit plans to be sold by the UnitedHealthcare of the Mid-Atlantic, Inc. to small group employers.

The filing has been prepared as required by the "Reasonable Health Insurance Ratemaking and Health Care Reform Act of 2010", as well as current ACA rules and more recent guidance from the DC Department of Insurance. This rate filing should not be used for any other purposes. Within that context, there are no limitations or constraints on the use or applicability of the rating items discussed herein. The intended user of this filing is the DC Department of Insurance.

The benefit plans and rates are for non-grandfathered employers. The proposed rates and rate factors are in Exhibit 1, which also displays the metal level and actuarial value of each benefit plan. Benefit plan descriptions are in Exhibit 2. Exhibit 4 identifies new benefit plans being added in 2020, and 2019 benefit plans with plan changes (uniform modification).

Responding to the items in the DC Rate Filing Checklist:

- 1. Purpose of Filing. UnitedHealthcare is filing for the first time rates for 2020. The proposed 1st quarter 2020 rates are on average 8.5% higher than our 1st quarter 2019 rates. The rate changes vary by benefit plan as we have realigned our price relationships between plans. In addition, we are filing for quarterly rate increases as follows: 2Q19 +2.0%, 3Q19 +2.1%, 4Q19 +2.0%. These quarterly rate increases are based on our trend rate of 8.3%. The average year-over-year renewal rate change is +7.4%, the minimum change on this entity is 4.7%, and the maximum change is +11.2%. Please see Exhibit 3 for detail on the rate changes.
- 2) Form Numbers. The form numbers are as follows: POL20.SHOP.H.2018.SG.DC, COC20.SHOP.H.2018.SG.DC, SBN20.CRE.H.2018.SG.DC.GO7, SBN20.CRE.H.2018.SG.DC.GO10, SBN20.CRE.H.2018.SG.DC.SL8, SBN20.CRE.H.2018.SG.DC.SL11, SBN20.CRE.H.2018.SG.DC.BR4, SBN20.NAV.H.2018.SG.DC.GO7, SBN20.NAV.H.2018.SG.DC.GO10, SBN20.NAV.H.2018.SG.DC.SL8, SBN20.NAV.H.2018.SG.DC.SL11, SBN20.NAV.H.2018.SG.DC.SL8, SBN20.NAV.H.2018.SG.DC.SL11, SBN20.NAV.H.2018.SG.DC.BR4, RID20.PDS.NET.H.2018.SG.DC, RID20.PVCS.NET.H.2018.SG.DC, RID20.RX.NET.H.2018.SG.DC, SBN20.RX.NET.H.2018.SG.DC.10452030, SBN20.RX.NET.H.2018.SG.DC.NONE, RID20.ODYSSEYTRAVEL.H.2018.SG.DC, RID20.REALAP.H.2018.SG.DC
- 3) HIOS Product ID. The HIOS product IDs for this entity (all HMO) are: 21066DC001, 21066DC004, 21066DC005
- 4) Effective Date. 1/1/2020.
- <u>5) Market</u>. The benefit plans will be offered in the small employer group market.
- 6) Status of Forms. The forms are open to new sales and are for non-grandfathered groups.
- 7) Benefits/Metal Levels. The benefits by plan are summarized in Exhibit 2. The metal level for each benefit plan is indicated in Exhibit 1.

<u>7.1) AV Value</u>. The actuarial value for each plan design using the HHS provided AV calculator is indicated in Exhibit 1. For plan designs that do not fit into the AV calculator, certification of the methodology and input used is in Exhibit B.

8) Average Rate Increase Requested

Incremental:

1Q20/4Q19: +0.4% 2Q20/1Q20: +2.0% 3Q20/2Q20: +2.1% 4Q20/3Q20: +2.0%

Year-over-year renewal:

1Q20/1Q19: +8.5% 2Q20/2Q19: +7.9% 3Q20/3Q19: +7.3% 4Q20/4Q19: +6.6%

Average year-over-year renewal: +7.4%

9) Maximum Rate Increase Requested

Incremental:

1Q20/4Q19: +2.9% 2Q20/1Q20: +2.0% 3Q20/2Q20: +2.1% 4Q20/3Q20: +2.0%

Year-over-year renewal: +11.2%

10) Minimum Rate Increase Requested

Incremental:

1Q20/4Q19: -1.4% 2Q20/1Q20: +2.0% 3Q20/2Q20: +2.1% 4Q20/3Q20: +2.0%

Year-over-year renewal: 4.7%

- 11) Absolute Maximum Premium Increase. The absolute maximum year-over-year renewal increase, including one year of aging (20 to 21, which is an 11.1% increase in age factor), is +23.4%.
- 12) Average Renewal Rate Increase for a Year. The average renewal rate change by HIOS product ID is: 21066DC001: 7.0%, 21066DC004: 7.7%, 21066DC005: 8.8%

13) Rate Change History.

10/1/19: +2.7% 7/1/19: +2.6% 4/1/19: +2.6% 1/1/19: +1.1% 10/1/18: +1.7% 7/1/18: +1.8% 4/1/18: -3.0% 10/1/17: +2.6% 7/1/17: +2.5% 4/1/17: +2.5% 1/1/17: +3.3% 10/1/16: +1.9% 7/1/16: -3.2% 4/1/16: +1.9% 1/1/16: +5.0%

14) Exposure. As of February, 2019:

Policies: 217 Certificates: 477 Covered Lives: 602

15) Member Months. See Exhibit A.

16) Past Experience. See Exhibit A.

17) Index Rate. \$458.94

17.1) Rate Development.

The base experience is shown in Exhibit A.

We are proposing to set our 1st quarter 2020 on average 0.4% higher than our current 4th quarter 2019 rates, and then apply quarterly rate increases in each of the last three quarters of 2020. The quarterly rate increases are equivalent to an annual 8.3% trend rate. As shown in Exhibit D, our analysis indicates that these rates will yield a 79.5% underwriting ratio (claims divided by premium which includes PPACA fees).

The 2020 base rate of \$701.89 is calculated as follows: (2019 Base Rate) x (Trend with PPACA fees) x (Revenue Neutral Base Rate Adjustment) x (Network Erosion Adjustment) x (1/1/2020 Rate Change)

2020 Base Rate = (\$586.40) x (1.1072) x (1.028) x (1.02) x (1.031) = \$701.89

- 18) Credibility Assumption. We have set our rate levels based on the combined DC experience on our small group licenses, which we believe is credible.
- 19) Trend Assumption. See Exhibit T. At UnitedHealthcare, we have a team of actuaries whose responsibilities include developing forward-looking trend projections and monitoring historical performance in relation to trend. We rely on this team to provide guidance on trends appropriate for DC rate development.
- <u>20) Cost Sharing Changes</u> and <u>21) Benefit Changes</u>. Changes to member cost sharing were required for certain benefit plans. Use of the new federal Actuarial Value (AV) Calculator led to some benefit plans falling outside the allowed +2% /-4% AV metal ranges. Benefit plan changes were made to move these plans back into the allowed AV ranges. The benefit changes for these plans, and the estimated cost value of the changes, is shown in Exhibit 4.
- <u>22) Plan Relativities</u>. We refined the medical plan price relativities to reflect the most recent methodology update using the most recent available models. The medical plan price relativities were developed using our pricing model ARC (Actuarial Relativity Calculator). The ARC model is

based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan into ARC. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed using our ARC Pricing model: this model, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

Using the new ARC model (used for both medical and Rx price relativities), we set the new 2020Q1 base rates to be 2.8% higher, using our 2018 membership by benefit plan as weights, than the 2019Q1 rates. This is demonstrated in Exhibit 6.

- <u>23)</u> Rating Factors. We are resetting our 1st quarter 2020 Effective Date Adjustment (EDA) factors to 1.000. Rating factors are displayed on Exhibit 1. Exhibit 3 details the changes to rating factors.
- 23.1) Wellness Programs. No wellness programs are included in this rate filing.
- <u>24) Distribution of Rate Increases.</u> The distribution of rate increases is shown in the DISB Actuarial Memorandum Dataset.
- 25) Claim Reserve Needs. The incurred period used for the base period is 1/1/18 through 12/31/18, using claims paid through 2/28/2019. The claim reserve amounts are included in Exhibit A. A description of our reserving methodology is included in the Part III Actuarial Memorandum.
- <u>26) Administrative Costs of Programs that Improve Health Care Quality.</u> The Improving Health Care Quality costs in total for our small group licenses is 0.8% of premium.
- <u>27) Taxes and Licensing or Regulatory Fees</u>. The amount of taxes, licenses, and fees subtracted from premium in the denominator of the medical loss ratio calculation is 7.1%. Differences from amounts in the Supplemental Health Care Exhibit are due to different amounts of PPACA fees by year, and different Federal Income Taxes due to different underwriting loss ratios.
- 28) Medical Loss Ratio (MLR). The anticipated Federal MLR is 86.2%, which is greater than the 80% minimum. The estimated Federal MLR components, adjustments, and formula are as follows:
 - 79.5% Underwriting loss ratio
 - 0.8% OI/HIT Medical costs added
 - 7.1% Taxes, regulatory fees and assessments

MLR formula: $[(UW LR) \times (1 + QIT)]/(1 - taxes)$

- <u>29) Risk Adjustment</u>. Based on recently released results, we will be a 2.7% risk payer in total for our small group licenses in 2019, this is assumed in the underwriting loss ratio development.
- 30) Past and Prospective Loss Experience Within and Outside the State. Only loss experience on DC plans, written on DC employers, was used in the development of the rates. This experience does include medical services provided outside DC, to employees of DC employers who live outside DC, or to DC residents who obtain medical services outside DC. We have set our rate

levels based on the total overall experience of our small group licenses in DC, which we believe is credible, thus not requiring use of loss experience outside the state.

- 31) A Reasonable Margin for Reserve Needs. The profit margin assumed in the development of the proposed rates is 3.0% of premium. This assumption was derived as: 100% projected underwriting loss ratio projected expenses (including PPACA fees) as % of premium projected taxes (including FIT) as % of premium. This methodology has not changed from prior filings.
- 32) Past and Prospective Expenses. The expenses assumed in the development of the proposed rates are as follows. These are the total average expenses for the small group licenses. Except for difference in PPACA fees which vary by calendar year, they are forecasted 2019 year expenses that are expected to continue in the future.

% of Premium	Expense Category
2.9%	Salaries, wages, employment taxes, and other employee benefits
2.6%	Commissions
7.1%	Taxes, licenses, and other regulatory fees
1.6%	Cost containment programs / quality improvement activities
3.4%	All other administrative expenses
17.5%	Total

- 33) Any Other Relevant Factors Within and Outside the State. None.
- 34) Other. None.
- 35) Actuarial Certification.
- I, Ryan Morgan, a Director at UnitedHealthcare, am an FSA and MAAA. I satisfy the 2018 continuing professional development requirements of the Academy and therefore am qualified to issue this 2019 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing. There are no known cautions with regard to risk or uncertainty in the items discussed in this rate filing. There are no conflicts of interest with regards to my production of this rate filing.

I certify that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of DC and all applicable Actuarial Standards of Practice, including ASOP No. 8, and the rates are not unfairly discriminatory.

Ryan Morgan, FSA, MAAA

Ryan Morgan

Date: 5/24/2019

- 36) Part I Preliminary Justification for Grandfathered Plan Filings. Not applicable.
- 36.1) Unified Rate Review Template. This is provided via SERFF.
- 37) Part II Preliminary Justification. This is provided via SERFF.
- 38) DISB Actuarial Memorandum Dataset. This is provided via SERFF.

- 39) DC Plain Language Summary. This is provided via SERFF.
- 40) Summary of Components for Requested Rate Change: Please see Exhibit 3.
- 41) CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E'): This was provided via SERFF.
- 42) Additional Requirements for Stand-Alone Dental Plans. Not applicable.

List of exhibits included in rate filing:

Exhibit 1: Rates and rate factors.

Exhibit 2: Benefit plan descriptions.

Exhibit 3: Rate factor changes.

Exhibit 4: Plan changes.

Exhibit 5: Rating example.

Exhibit 6: Benefit resloping adjustment.

Exhibit 7: Actuarial value and cost share.

Exhibit A: Member months, earned premium & incurred claim experience.

Exhibit B: Certification for AV calculator.

Exhibit D: Development of underwriting loss ratio.

Exhibit T: Trend assumptions and development.

Please keep these rates confidential to the extent allowed by DC law.

If you have questions, or need any further information, please do not hesitate to contact me.

Sincerely,

Ryan Morgan, FSA, MAAA

Ryan Morgan

Director, Actuarial Services

UnitedHealthcare

Federal Rate Filing Justification Part III Actuarial Memorandum and Certification

UnitedHealthcare of the Mid-Atlantic, Inc.

NAIC: 0707-21066

FEIN: 521130183

State of District of Columbia Rate Review

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Section 1: Purpose

The following is a rate filing prepared by UnitedHealthcare of the Mid-Atlantic, Inc.. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of District of Columbia. The purpose of this memorandum is to provide information relevant to the Federal Part I Unified Rate Review Template (URRT).

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold on the Small Business Health Options Program in District of Columbia for the 2020 plan year. A rate increase is being filed at this time. The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

This memorandum is intended solely for the information of and use by the Department of Health and Human Services and the District of Columbia Department of Insurance and Financial Services. It will demonstrate compliance with state and federal laws and regulations related to the development of the index rate and allowable rating factors and is not intended to be used for any other purpose.

The attached document contains confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by D.C. Code section 31-3303.08(b) and D.C. Code section 2-534(a)(1). If the prohibition against disclosure by the Department of Insurance and Financial Services is reassessed at a later date, it may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

Section 2: General Information

Company Identifying Information

Company Legal Name: UnitedHealthcare of the Mid-Atlantic, Inc.

State: District of Columbia

HIOS Issuer ID: 21066

Market: Small Business, 1-50
Proposed Effective Date: January 01,2020

Primary Contact Information

Name: Ryan Morgan, FSA, MAAA

Telephone Number: 414-443-4287

Email Address: ryan_morgan2@uhc.com

Section 3: Proposed Rate Changes

The proposed change in rates for this filing is 7.43% compared to the prior filing. These changes are applied uniformly to all plans within a rating area. The proposed pricing trend is 8.29% annually.

The primary drivers of the proposed rate changes are the following:

- Changes in medical service costs
 - Increasing Cost of Medical Services Annual increases in reimbursement rates to health care providers – such as hospitals, doctors and pharmaceutical companies.
 - Increased Utilization The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
 - O Higher Costs from Deductible Leveraging Health care costs continue to rise every year. If deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
 - Cost shifting from the public to the private sector Reimbursements from the Center for Medicare
 and Medicaid Services (CMS) to hospitals do not generally cover all of the cost of care. The cost
 difference is being shifted to private health plans. Hospitals typically make up this difference by
 charging private health plans more.
 - Impact of New Technology Improvements to medical technology and clinical practice often result in the use of more expensive services - leading to increased health care spending and utilization.
- Administrative costs and anticipated profit
 - UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.
 - Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare's goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.
 - State and/or Federal government imposed taxation and fees are additional significant factors that impact health care spending. These fees include ACA taxes and fees which will have increased health insurance costs and need to be reflected in premium.
- Changes that vary by plan
 - All plan relativity factors have been updated to reflect UnitedHealthcare's most recent pricing model.
 - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the "Plan Adjusted Index Rate" section of the memorandum for more detail on these changes.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected paid-to-allowed relativities and expected utilization differences due to differences in cost sharing for each plan are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing by the estimated value of the benefits and the expected utilization differences due to differences in cost sharing. The utilization differences do not reflect differences due to health status. The net impact of all changes by plan can be found in Worksheet 2, Section I of the Unified Rate Review Template.

Significant factors driving the proposed rate changes are discussed in further detail in Section 6 (*Projection Factors*) and Section 7 (*Credibility Manual Rate Development*) of this memorandum.

Section 4: Experience and Current Period Premium, Claims and Enrollment

Paid Through Date

The experience period is 1/1/2018 through 12/31/2018, with claims paid through 2/28/2019.

Current Date

The current enrollment and premium is reported as of 12/31/2018.

Support for estimate of incurred but not paid claims

Historical claims are categorized both by the month in which they were incurred and the month in which they were adjudicated. For incurral months with sufficient adjudicated claim experience, incurred claims are estimated by applying completion factors derived from the historical claims. Adjustments are made based on specific knowledge of the entity (e.g., catastrophic claims, pended claims, etc.). For incurral months where adjudicated claim experience is not sufficient to rely on completion factors, a PMPM is used to estimate incurred claims. PMPM estimates are based on expected claim seasonality patterns, monthly calendar days and work days, emerging claim trends, and other factors.

The same completion factors are applied to both incurred and allowed claims amounts.

Experience Period Risk Adjustment

Risk Adjustments for the experience period are not known at this time.

Our 2018 risk adjustment transfer PMPM is estimated using data provided to UnitedHealthcare as a result of our participation in a multi-state study done by a large, independent actuarial consulting firm. Based on the results of that study, we expect that risk level of the membership insured by UnitedHealthcare of the Mid-Atlantic, Inc. to be lower than the market. This results in an approximate adjustment of \$95.71 PMPM.

Experience Period Index Rates

Experience Period Index Rates are defined as the allowed claims PMPM for Essential Health Benefits during the Experience Period. With the introduction of the URRT 5.0 and the breakout of service level EHB claims, the information provided reflects a reasonable estimate of the EHBs.

Section 5: Benefit Categories

Claims were assigned to each of the benefit categories based on where services were administered and the types of medical services rendered. The benefit categories were defined by our claims department using standard industry definitions.

Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.

Capitation

Includes all services provided under one or more capitated agreements.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

Section 6: Projection Factors

Trend

Two years of annual trend were applied to our 2018 experience to project it to the 2020 rating period. Our most recent analysis indicates annual trend in the state of District of Columbia for the 2019 and 2020 calendar years will be 8.1% and 8.3%, respectively. The table below details the components of each trend factor.

Trend Component	2019	2020
Unit Cost	3.90%	4.10%
Utilization	3.30%	3.30%
Total	8.10%	8.30%

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected. Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macroeconomic data is often used to develop assumptions regarding directional changes in national health care consumption rates. UnitedHealthcare uses same store analysis to reflect utilization.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence the mix of procedures. Unit cost is based on our contractual changes with providers.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Section 7: Credibility Manual Rate Development

Adjustments Made to the Data

Adjustments similar to the ones described in Section 6 were applied to the experience of the credibility manual to project it to the projection period. In addition, the credibility manual was adjusted to reflect the average age, geography, plan design and morbidity of the adjusted experience period claims.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

The experience for this legal entity contains 5,125 member months which does not exceed the 360,000 member months needed to be considered fully credible. As such the credibility of UnitedHealthcare of the Mid-Atlantic, Inc. is set to 0%, and the remaining uses the credibility manual described above.

Consideration was given to ASOP #25 when determining the credibility and appropriateness of the experience and the manual rate. The manual rate is sufficiently independent from the experience and can be blended with it for purposes of rate development.

Section 9: Development of Projected Index Rate

The experience period index rate is \$205.85 PMPM.

The Index Rate For the experience period is approximately 98.52% of allowed claims due to benefits in excess of EHBs. The reported percentage amount is based on experience data. The index rate of the experience period has been reported accordingly. The Index Rate in the projection period represents 98.52% of allowed claims due to the benefits in excess of EHBs.

The projected index rate of \$458.94 was calculated by trending and adjusting the experience period index rate to the projection period, including blending the experience with a manual rate if the experience was not fully credible. It is established in accordance with the requirements of 45 CFR §156.80(d). See sections 6, 7, and 8 of this memo for more details.

Section 10: Development of the Market-wide Index Rate

Reinsurance

There is no reinsurance program in force for this business, and as a result there are no reinsurance recoveries to report.

Risk Adjustment Payment/Charge

UnitedHealthcare of the Mid-Atlantic, Inc. anticipates paying for risk adjustment transfers in the state of District of Columbia for the 2020 plan year, which has been grossed up to \$12.35 PMPM on an allowed basis for purposes of calculating the Market-wide Adjusted Index Rate. We are assuming the risk level of our business relative to that of our competitors for the 2020 plan year will be similar to what it was in the 2018 plan year. Since risk adjustment transfer payments are a function of the market level premium, our 2020 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2018 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market.

Exchange User Fees

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

The market adjusted index rate includes market-wide adjustments for reinsurance, risk adjustment transfers and exchange user fees (if any).

	Net Federal or	Risk Adjustment	Exchange Fee Adjustment	
Index Rate	State Reinsurance	Payment/Charge	Adjustment	Market Adjusted
	(allowed basis)	(allowed basis)	(allowed basis)	Index Rate
\$458.94	\$0.00	(\$12.35)	0.00%	\$471.29

The figures above may not tally exactly due to rounding of the display.

Section 11: Plan Adjusted Index Rate

Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio.

UnitedHealthcare of the Mid-Atlantic, Inc. does not utilize Induced Demand factors in our rate development. Instead, our plan-specific pricing factors are based on an analysis of UnitedHealthcare of the Mid-Atlantic, Inc.'s nationwide block of Small Group health insurance, which reflects over 10 million member months of experience. Our approach complies with the prohibition of rating for morbidity differences by normalizing out the cost differences attributable to morbidity as measured by HHS's risk adjustment mechanism.

Historical UnitedHealthcare experience was used to develop the actuarial value and cost sharing adjustment.

Provider network, delivery system and utilization management adjustment

Any adjustments for these items are included in the plan relativity factors.

Distribution and Administrative Costs

Distribution and administrative costs include premium tax, risk adjustment user fees, SG&A, quality improvements, federal income tax, and after-tax income. Risk adjustment transfers, net reinsurance recoveries and exchange fees are excluded because they are accounted for in the market adjusted index rate.

Administrative Expense Load

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load does not vary by product or plan. These assumptions are based on the general ledger actual results for 2018 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

Profit and Risk Margin

The profit and risk margin is shown in Worksheet 2, Section III of the URRT. This target does not vary by product or plan.

The profit and risk margin is derived from the difference between the administrative expenses, taxes and fees, and 1 minus the target loss ratio.

The profit and risk margin results in an anticipated MLR that is above the minimum requirements as described in the Projected Loss Ratio section.

Taxes and Fees

Taxes and fees are expected to be 7.1% and include premium tax, exchange fees (if any), risk adjustment user fees, and federal income tax. The following is a breakdown of the taxes and fees.

Premium Taxes and Fees Allocation	Estimated % of Premium
Federal / State Income Tax on Profit & Risk Load	0.8%
Premium Tax	2.0%
ACA Taxes: Insurer Fee	2.7%
ACA Taxes: PCORI Fee	0.0%
ACA Taxes: Risk Adjustment User Fee	0.0%
ACA Taxes: Exchange User Fee	1.0%
All Other Taxes & Fees	0.6%
Total	7.1%

Marketplace user fees are applied as an adjustment to the Index Rate at the market level. The value reflects the expected mix of Marketplace and non-Marketplace enrollees.

Section 12: Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is 0.915, which equals one divided by the average age factor of the expected member distribution by age. The age factors used in this calculation are the DISB specified age curve.

Geographic Calibration

The geographic factor calibration is 1, which equals one divided by the expected average area factor. A table of the geographic rating factors is below.

Rating Area	Area Factor
1	1.000

Geographic rating factors are reviewed periodically versus UnitedHealthcare claims data that reflects unit cost differences by county. Such a review was conducted as part of our January 1, 2020 rate development.

Our analysis did not indicate that there were credible, material differences indicated by the comparison of currently approved area factors and the UHC data reflecting unit cost differences.

Population morbidity by area was not considered when determining geographic area factors.

Tobacco Calibration

Tobacco factors are not used in the rating of these products, and no calibration is needed.

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated premium rate for each plan. The calibrated premium rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age and area.

Section 13: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate, and applying the consumer specific age and geographic rating factors. The calculation is provided below.

Plan Adjusted Index Rate

- x Age Calibration Factor
- x Geographic Calibration Factor
- x Consumer Specific Age Rating Factor
- x Consumer Specific Geographic Rating Factor
- x Small Group Trend Adjustment
- = Consumer Adjusted Premium Rate

Section 14: Projected Loss Ratio

The projected loss ratio using the federally prescribed MLR methodology for calendar year 2020 is 86.2%. UnitedHealthcare of the Mid-Atlantic, Inc. agrees to comply with the rebate requirements of 45 CFR Part 158 should the actual market MLR fall below the 80.0% requirement.

Since the last rate filing, UHC has elected to report a single quality improvement activity (QIA) amount of 0.8% of premium in lieu of actual QIA expenditures. This action is allowed per the 2019 Final Notice of Benefit and Payment Parameters (NBPP). Issuers electing to use the 0.8% must do it consistently across all states and markets subject to MLR, including amongst all affiliated issuers.

Section 15: AV Metal Values

The AV calculator used to calculate the AV metal values is based on a prescribed methodology and, therefore, does not necessarily reflect a reasonable estimate of the portion of allowed costs covered by the associated plan.

Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

Copays Paid in Conjunction with Coinsurance

Some of our plan designs include copays that are paid in conjunction with coinsurance in the coinsurance range. This benefit design is not directly compatible with the AV calculator, so the alternate methodology described in 45 CFR 156.135(b)(2) was used for the AV calculation. In order to modify the AV calculator input for a copay paid in conjunction with coinsurance, the following formula was used to estimate the insurer's cost share.

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

The benefit was then marked as "Subject to Deductible" and "Subject to Coinsurance" with a "Coinsurance, if different" equal to the effective insurer coinsurance rate as calculated above. The copay was entered in the "Copay if separate" column.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level. For example, if the plan was expected to fall within a Silver Metal Tier, the average unit cost was calculated from the Silver continuance tables. All enrollees within a continuance table whose claims exceeded \$1,500 were included in the calculation of the average unit cost for each benefit type.

Benefits that Vary Based on Place of Service

For some types of services, our plan designs include different benefit levels based on the place of service (i.e. physician's office, free standing facility, or outpatient hospital facility). To incorporate this differentiation in benefits, the Tiered Network Option was selected within the AV calculator, and utilization was assigned to each tier based on historical experience of affiliated carriers.

Physician Tiering

Select plan designs include lower cost sharing when members utilize providers we designate as meeting cost and efficiency standards. The tiered network functionality of the AV calculator was utilized to account for the cost sharing differences. The utilization of providers was based on a UnitedHealthcare study of differences in cost sharing and their effectiveness at driving utilization patterns.

Per Occurrence Copays

Select plan designs have per occurrence copays where a copay is paid before coinsurance is applied between the deductible and maximum out of pocket. These copays accumulate to the maximum out of pocket. To reflect this type of benefit an effective insurer coinsurance rate was calculated based on the average unit cost of the service and member coinsurance rate. The calculation is as follows:

Effective Insurer Coinsurance Rate = (1 – Member Copay/Average Unit Cost) * (1-Member Coinsurance Rate)

Some of the copays only apply to portions of the benefit categories that the AV calculator defines. For example, the Inpatient Hospital Services includes both physician and facility charges. To the extent the plan design per occurrence copay only applies to a portion of the services, the tiered Network functionality was utilized. The mix of services within the AV calculator benefit categories was based on historical experience.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level where available.

Zero Dollar Copay for Dependents Under Age 19

Some plan designs assume no PCP copay applies for children under the age of 19. These copays were converted to an effective copay based on UnitedHealthcare historical membership distributions.

Laboratory and X-Ray Services

Some plan designs include a copay for minor lab and x-ray services. These copays are applied on a per visit basis. The AV Calculator assumes that the copays are on a per procedure basis. Therefore, the copay amounts are adjusted to reflect the equivalent per procedure amount.

Section 16: Membership Projections

The 2020 plan year membership projection was developed utilizing the experience period plan level membership distribution along with sales and persistency targets. Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2020. Strictly for purposes of the URRT, we have projected membership by plan.

Section 17: Plan Type

A plan type of HMO has been selected, which describes the plans exactly.

Section 18: Reliance

Due to responsibility allocation, I have relied upon other individuals within the UnitedHealthcare organization to provide certain assumptions. Although I have performed a limited review of the information and have not found it unreasonable or inconsistent, I have not reviewed it in enough detail to fully judge the reasonableness of the information due to the substantial amount of additional time required. I have therefore relied upon the expertise of those individuals who have developed the assumptions, and am providing the information required by Actuarial Standard of Practice 41, section 4.3. A list of reliances is included below.

<u>UnitedHealthcare Finance Department</u>

- Projected SG&A Assumption
- Total Projected Membership

<u>UnitedHealthcare National Pricing Team</u>

• Plan Relativity Modeling

UnitedHealthcare Healthcare Economics Department

- Projected Trend
- Claims Reserves
 - ACO/Premium Designated Provider
- Cost Savings Estimates
- Plan Relativity Modeling

Section 19: Actuarial Certification

I, Ryan Morgan, FSA, MAAA, am a Director of Actuarial Services for UnitedHealthcare, and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
 - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102).
 - Developed in compliance with the applicable Actuarial Standards of Practice.
 - Reasonable in relation to the benefits provided and population anticipated to be covered.
 - Neither excessive, deficient, nor unfairly discriminatory.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CRF 156.80(d)(2) were used to generate plan level rates.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I
 Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible
 with the AV calculator. The values were developed in accordance with generally accepted
 actuarial principles and methodologies. The unique plan design actuarial certification required by
 45 CFR Part 156.135 has been separately attached.
- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to
 develop their rates. Rather, it represents information required by federal regulation to be
 provided in support of the review of rate increases, for certification of qualified health plans for
 federally facilitated exchanges, and for certification that the index rate is developed in
 accordance with federal regulation and used consistently and only adjusted by the allowable
 modifiers.

Ryan Morgan	5/24/2019
Ryan Morgan, FSA, MAAA	Date
Director of Actuarial Services	



10701 West Research Drive, WI030-1000 Wauwatosa, WI 53226 Phone 414-443-4287

E-Mail: ryan_morgan2@uhc.com

May 24, 2019

Efren Tanhehco, Actuary
DC Department of Insurance Securities & Banking
810 First Street, NE Suite 701
Washington, DC 20002

Re: UnitedHealthcare of the Mid-Atlantic, Inc.

Small Group Rate Filing

Dear Mr. Tanhehco:

This rate filing presents proposed premium rates effective January 1, 2020 through December 31, 2020 for medical and Rx benefit plans to be sold by UnitedHealthcare of the Mid-Atlantic, Inc. to small group employers. The benefit plans and rates are for non-grandfathered employers.

A. Company Name: UnitedHealthcare of the Mid-Atlantic, Inc.

B. NAIC Company Code: 95025

C. SERFF Tracking #: UHLC-131910012

D. Date Filing Submitted: 5/24/2019

E. Proposed Effective Date: 1/1/2020

F. Type of Product: Medical and prescription drug insurance.

G. Market: Small group, employers with 50 or fewer eligible employees.

H. Scope and Purpose of Filing: 2020 rates for small group plans meeting the requirements of the Patient Protection and Affordable Care Act (PPACA).

I. Initial Filing or Rate Change: Initial filing for 2020, rate change to previously filed and approved 2019 rates.

J. Rates apply to existing DC policyholders.

K. Overall Premium Impact of Filing on DC Policyholders: An average 7.4% renewal rate increase.

L. Contact Information: Ryan Morgan, 414-443-4287, E-mail: ryan_morgan2@uhc.com.

If you have any questions, please do not hesitate to reach out.

Sincerely,

Ryan Morgan, FSA, MAAA Director, Actuarial Services

Ryan Morgan

	В	С	D	E	F	G	Н		1	K L M N O P Q
<u> </u>		C	D D	E	r	G	п	'	J	
1	Unified Rate Review v5.0									To add a product to Worksheet 2 - Plan Product Info, select the Add Product butt
2										To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or C
3	Company Legal Name:	UnitedHealthcare of the Mid-At	tlantic, Inc.					State:	DC	To validate, select the Validate button or Ctrl + Shift + I.
4	HIOS Issuer ID:	21066						Market:	Small Group	To finalize, select the Finalize button or Ctrl + Shift + F.
H		1/1/2020						iviai nee.		To findingly select the Findings Button of eth Fingle Fi
5	Effective Date of Rate Change(s):	1/1/2020								
6										
7										
8	Market Level Calculations (Same for al	II Plans)								
9										
10										
11	Section I: Experience Period Data	,		_						
12	Experience Period:	l	1/1/201		12/31/2018					
13	Lu col			Total	PMPM	1				
14	Allowed Claims			\$1,070,827.12						
15	Reinsurance			\$0.00						
16	Incurred Claims in Experience Period			\$825,952.32	\$161.16					
17	Risk Adjustment			-\$490,537.82	-\$95.71					
18	Experience Period Premium			\$1,494,932.28	\$291.69					
19	Experience Period Member Months			5,125	il					
20	Continue III Books attack									
21	Section II: Projections	T T			T		1	1		
22		Experience Period Index	Year	1 Trend	Year 2	? Trend	Trended EHB Allowed Claims			
23	Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM			
24	Inpatient Hospital	\$96.72	1.03			1.037		1		
25	Outpatient Hospital	\$41.31	1.03		1.043	1.037	\$47.91			
26	Professional	\$38.66	1.03			1.037				
27	Other Medical	\$1.09	1.03		1.043	1.037				
28	Capitation	\$5.12	1.03	9 1.032	1.043	1.037		1		
29	Prescription Drug	\$22.95	1.03	9 1.032	1.043	1.037	\$26.62	1		
30	Total	\$205.85		•			\$238.73			
31		•					•	•		
32	Morbidity Adjustment				1.000					
33	Demographic Shift				1.000					
34	Plan Design Changes				1.042	1				
35	Other				0.836					
36	Adjusted Trended EHB Allowed Claims	PMPM for	1/1/202	0	\$207.96					
37						-				
38	Manual EHB Allowed Claims PMPM				\$458.94					
39	Applied Credibility %				0.00%					
40										
41						Projected Period Totals	_			
42	Projected Index Rate for		1/1/202	0	\$458.94	\$2,352,067.50				
43	Reinsurance				\$0.00	\$0.00				
44	Risk Adjustment Payment/Charge				-\$12.35	-\$63,293.75				
45	Exchange User Fees				0.00%	\$0.00				
46	Market Adjusted Index Rate				\$471.29	\$2,415,361.25	J			
47						1				
48	Projected Member Months				5,125					
1 2 3 4 5 6 6 7 7 8 8 9 10 111 122 13 144 15 166 17 18 8 19 20 20 221 22 23 24 25 26 26 27 28 28 29 30 31 32 43 33 34 44 45 46 47 48 48 49										
	Information Not Releasable to the Pu	ıblic Unless Authorized by Law:	This information has not been pu	olically disclosed and may be privilege	d and confidential. It is for internal go	vernment use only and must not be	disseminated, distributed, or copie	d to person	s not authorized to	receive the information. Unauthorized disclosure may result in prosecution to the
50 51					full exte	ent of the law.				

Product-Plan Data Collection

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To odd a plan to Worsteder 2- Plan Product (fig. select the Add Plan button or Cri. + Shift + L.

Company Legal Name: UnitedHealthcare of the Mid-Atlantic, inc.

State: DC To validate, select the Validate Plan Product (fig. select the Add Plan button or Cri. + Shift + L.

To validate, select the Validate Plan Product (fig. select the Validate) Plan Product (fig. s

Holfs Issuer 10 2006

Market: Small Group To finalize, select the Finalize button or Cttl + Shift + F.

Effective Date of Rate Change(s): 1/1/2020

Product/Pla	n Level	Calculatio	ns

	Product/Plan Level Calculations																				
	Field # Section I: General Product and Plan Information																				
	1.1 Product Name					1 Plans			DC004 Plans						DC005 Plans						
	1.2 Product ID				2106	5DC001					210660	DC004					21066DC0	05			
	1.3 Plan Name		Terminated Products	BQ-AT	BQ-A4	BQ-BH	BH-FA	BH-FB	BQ-AP	BQ-BK	BQ-ET	BH-E2	BH-FG	BH-FJ	BQ-AS	BQ-AV	BQ-AU	BQ-EU	BH-FK	BH-FL	
	1.4 Plan ID (Standard Component ID) 1.5 Metal	-	21066DC0010000 Not Applicable	21066DC0010017	21066DC0010019	21066DC0010015	21066DC0010009 Silver	21066DC0010010 Gold	21066DC0040007 2	1066DC0040003	21066DC0040001	21066DC0040004	21066DC0040005	21066DC0040006 Silver	21066DC0050006	21066DC0050003	21066DC0050007 21 Silver	066DC0050001 2	1066DC0050004 21	1066DC0050005	
	1.5 Metal Value	-	0 000	0.809	0.809		0.666	0.762	0.811	0.717	0.626	0.804	0.770	0.703	0.810		0.713	0.626	0.770	0.703	
	1.7 Plan Category		Terminated	Renewing	Renewing		Terminated	Terminated	New	Renewing	Renewing	Terminated	Terminated	Terminated	New	Renewing	New	Renewing	Terminated	Terminated	
	1.8 Plan Type		нмо	НМО	HMC	HMO	HMO	HMO	HMO	нмо	HMO	HMO	нмо	HMO	НМО	HMO	HMO	нмо	нмо	нмо	
	1.9 Exchange Plan?		No	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes	
	1.10 Effective Date of Proposed Rates		1/1/2020	1/1/2020	1/1/2020		1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020	1/1/2020		1/1/2020	1/1/2020	1/1/2020	1/1/2020	
	1.11 Cumulative Rate Change % (over 12 mos prior) 1.12 Product Rate Increase %	-	0.00%	7.10%	7.20%	5.60%	0.00%	0.00%	0.00%	7.60%	10.10%	0.00%	0.00%	0.00%	0.00%	7.50%	0.00%	10.10%	0.00%	0.00%	
	1.13 Submission Level Rate Increase %	1				0276					7.4						0.0476		-		
Worksheet 1 Totals	Section II: Experience Period and Current Plan Level																				
	2.1 Plan ID (Standard Component ID)								21066DC0040007 2			21066DC0040004		21066DC0040006		21066DC0050003	21066DC0050007 21		1066DC0050004 21	1066DC0050005	
\$1,070,827	2.2 Allowed Claims	\$1,070,827 \$0	\$44,142 \$0	\$239,282 \$0	\$555,201 \$0		\$28,612 \$0	\$69,134 \$0	\$0 \$0	\$35,321 \$0	\$2,270 \$0	\$0	\$0	\$0 \$0	\$0	\$26,861	\$0 \$0	\$32,828	\$0	\$0 \$0	
\$0	2.3 Reinsurance 2.4 Member Cost Sharing	\$244,875	\$30,929	\$69,245	\$54,659		\$21,298	\$16,321	\$0 \$0	\$24,233		\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0		\$0 \$0	\$6,202	\$0 \$0	\$0 \$0	
	2.5 Cost Sharing Reduction	\$244,873	\$30,929	\$05,243	\$54,039 \$0	\$0,493	321,236 \$0	\$10,321	\$0	324,233 \$0	\$1,004	şo So	\$0	\$0	\$0 \$0	\$11,827	şo So	\$0,202	\$0	\$0	
\$825,952	2.6 Incurred Claims	\$825,952	\$13,213	\$170,036	\$500,542	\$28,682	\$7,314	\$52,813	\$0	\$11,088	\$605	\$0	\$0	\$0	\$0	\$15,034	\$0	\$26,626	\$0	\$0	
-\$490,538	2.7 Risk Adjustment Transfer Amount	-\$490,538	\$0	-\$195,686	-\$87,978		-\$36,381	-\$49,182	\$0	-\$50,239		\$0	\$0	\$0	\$0		\$0	-\$28,382	\$0	\$0 \$0	
\$1,494,932	2.8 Premium	\$1,494,932	\$146,189	\$538,043	\$241,897		\$100,030	\$135,227	\$0	\$138,133		\$0	\$0	\$0	\$0		\$0	\$78,037	\$0	\$0	
5,125	2.9 Experience Period Member Months	5,125	556	1,822	783		434	462	0	278	30	0	0	0	0	238	0	369	0	0	
	2.10 Current Enrollment 2.11 Current Premium PMPM	541 \$284.45	21 \$315.82	172 \$289.10	93 \$309.76		55 \$229.09	37 \$295.95	\$0.00	48 \$359.66	\$199.86	\$0.00	\$0.00	\$0.00	\$0.00	36 \$278.21	\$0.00	\$202.92	\$0.00	\$0.00	
	2.11 Current Premium PMPM 2.12 Loss Ratio	\$2.23%	9.04%	49.67%	325.20%		11.49%	61.38%	#DIV/0!	12.62%		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	35.62%	#DIV/0!	53.62%	#DIV/0!	#DIV/0!	
	Per Member Per Month	02.23/0	3.04/0	45.0776	323.20%	33.34/6	11.49/0	01.36/0	#DIV/U:	12.0276	10.02%	#DIV/0:	wbiv/o:	#614/0:	WDIV/O:	33.02/6	WDIV/O:	33.0276	#014/0:	WDIV/O:	
	2.13 Allowed Claims	\$208.94	\$79.39	\$131.33	\$709.07	\$242.99	\$65.93	\$149.64	#DIV/0!	\$127.06	\$75.66	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$112.86	#DIV/0!	\$88.96	#DIV/0!	#DIV/0!	
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	#DIV/0!	\$0.00		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00	#DIV/0!	\$0.00	#DIV/0!	#DIV/0!	
	2.15 Member Cost Sharing	\$47.78	\$55.63	\$38.01	\$69.81		\$49.07	\$35.33	WDIV/0!	\$87.17		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$49.70	#DIV/0!	\$16.81	#DIV/0!	#DIV/0!	
	2.16 Cost Sharing Reduction 2.17 Incurred Claims	\$0.00 \$161.16	\$0.00 \$23.76	\$0.00 \$93.32	\$0.00 \$639.26		\$0.00 \$16.85	\$0.00 \$114.31	#DIV/0!	\$0.00 \$39.89		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00 \$63.17	#DIV/0!	\$0.00 \$72.16	#DIV/0!	#DIV/0!	
	2.17 Incurred Claims 2.18 Risk Adjustment Transfer Amount	-\$95.71	\$0.00	-\$107.40	-\$112.36		-\$83.83	-\$106.45	#DIV/0!	-\$180.72	-\$71.99	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-\$101.37	#DIV/0!	-\$76.92	#DIV/0!	#DIV/0!	
	2.19 Premium	\$291.69	\$262.93	\$295.30	\$308.94		\$230.48	\$292.70	#DIV/0!	\$496.88		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!	\$211.48	#DIV/0!	#DIV/0!	
											•			•							
	Section III: Plan Adjustment Factors																				
	3.1 Plan ID (Standard Component ID) 3.2 Market Adjusted Index Rate		21066DC0010000	21066DC0010017	21066DC0010019	21066DC0010015	21066DC0010009	21066DC0010010	21066DC0040007 2	1066DC0040003	21066DC0040001 \$471		21066DC0040005	21066DC0040006	21066DC0050006	21066DC0050003	21066DC0050007 21	066DC0050001 2	.066DC0050004 21	1066DC0050005	
	3.2 Market Adjusted Index Rate 3.3 AV and Cost Sharing Design of Plan		0.0000	0.5502	0.5748	0.5215	0.0000	0.0000	0.6660	0.4625	0.4066	0.000	0.0000	0.0000	0.6275	0.4430	0.4984	0.3887	0.0000	0.0000	
	3.4 Provider Network Adjustment		0.0000	1.0000	1.0000		0.0000	0.0000	1.0000	1.0000		0.0000	0.0000	0.0000	1.0000		1.0000	1.0000	0.0000	0.0000	
	3.5 Benefits in Addition to EHB		0.0000	1.0150	1.0150		0.0000	0.0000	1.0150	1.0150		0.0000	0.0000	0.0000	1.0150		1.0150	1.0150	0.0000	0.0000	
	Administrative Costs		•				•	•				•	•	•			•	•			
	3.6 Administrative Expense		0.00%	9.41%	9.41%		89.87%	89.87%	9.41%	9.41%		89.87%	89.87%	89.87%	9.41%		9.41%	9.41%	89.87%	89.87%	
	3.7 Taxes and Fees 3.8 Profit & Risk Load		0.00%	7.09% 3.04%	7.09%		7.09% 3.04%	7.09%	7.09% 3.04%	7.09%		7.09% 3.04%	7.09%	7.09%	7.09%		7.09% 3.04%	7.09%	7.09%	7.09% 3.04%	
	3.8 Profit & Risk Load 3.9 Catastrophic Adjustment	-	0.00% 1.0000	1.0000	3.04% 1.0000		1.0000	3.04% 1.0000	1.0000	3.04% 1.0000	3.04% 1.0000	1.0000	3.04% 1.0000	3.04% 1.0000	3.04% 1.0000	3.04% 1.0000	1.0000	3.04% 1.0000	3.04% 1.0000	1.0000	
	3.10 Plan Adjusted Index Rate		\$0.00	\$327.11	\$341.74		#DIV/0!	#DIV/0!	\$395.96	\$274.97		#DIV/0!	#DIV/0!	#DIV/0!	\$373.07	\$263.38	\$296.31	\$231.09	#DIV/0!	#DIV/0!	
	, , , , , , , , , , , , , , , , , , , ,											, , ,	, ,	-			7				
	3.11 Age Calibration Factor	1.0924									1.09										
	3.12 Geographic Calibration Factor	1.0000									1.00										
	3.13 Tobacco Calibration Factor 3.14 Calibrated Plan Adjusted Index Rate	1.0000	\$0.00	\$357.34	\$373.31	\$338.70	#DIV/0!	#DIV/0!	\$432.54	\$300.38	1.00 \$264.07		#DIV/0!	#DIV/0!	\$407.54	\$287.71	\$323.69	\$252.45	#DIV/0!	#DIV/0!	
ı	3.14 Constated Figure Aujusted Illuex Nate	ı	\$0.00	2337.34	2373.31	2338.70	#DIV/U:	#DIV/01	2432.34	J30J.38	3204.07	#DIV/0!	#DIV/0:	#DIV/U!	3407.54	3201./1	\$323.09	3232.43	#DIV/O!	#DIV/0:	
	Section IV: Projected Plan Level Information																				
	4.1 Plan ID (Standard Component ID)		21066DC0010000					21066DC0010010					21066DC0040005	21066DC0040006		21066DC0050003				1066DC0050005	
	4.2 Allowed Claims	\$2,387,351	\$0	\$1,814,879	\$298,098	\$42,033	\$0	\$0	\$37,086	\$64,134		\$0	\$0	\$0	\$37,086		\$15,167 \$0	\$10,833	\$0	\$0	
	4.3 Reinsurance 4.4 Member Cost Sharing	\$1,086,245	\$0 \$0	\$830,226	\$0	\$0 \$18,616	\$0 \$0	\$0 \$0	\$12,731	\$0 \$32,450		\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$14,140	\$0 \$30,132		\$0 \$5,975	\$0 \$0	\$0 \$0	
	4.4 Member Cost Sharing 4.5 Cost Sharing Reduction	\$1,086,245	ŞU SO	\$830,226	\$129,132 \$0		\$0	\$0 \$0	\$12,731	\$32,450 \$0	\$5,751 \$0	\$0 \$0	\$0 \$0	SO SO	\$14,140	\$30,132	\$7,091 \$0	\$5,975	\$0	\$0	
	4.6 Incurred Claims	\$1,301,106	\$0	\$984,653	\$168,966		\$0	\$0	\$24,355	\$31,684		\$0	\$0	\$0	\$22,946		\$8,075	\$4,859	\$0	\$0	
	4.7 Risk Adjustment Transfer Amount	-\$34,495	\$0	-\$26,021	-\$4,274		\$0	\$0	-\$532	-\$996		\$0	\$0	\$0	-\$532		-\$236	-\$182	\$0	\$0	
	4.8 Premium	\$1,671,039	\$0	\$1,264,610	\$217,002		\$0	\$0	\$31,281	\$40,696	\$6,527	\$0	\$0	\$0	\$29,472		\$10,371	\$6,240	\$0	\$0 \$0	
	4.9 Projected Member Months	5,125	0	3,866	635		0	0	79	148	27	0	0	0	79	132	35	27	0	0	
	4.10 Loss Ratio	79.50%	#DIV/0!	79.50%	79.43%	79.59%	#DIV/0!	#DIV/0!	79.21%	79.81%	80.09%	#DIV/0!	#DIV/0!	#DIV/0!	79.29%	79.90%	79.67%	80.21%	#DIV/0!	#DIV/0!	
ı	Per Member Per Month 4.11 Allowed Claims	\$465.82	#DIV/01	\$469.45	\$469.45	\$433.33	#DIV/01	#DIV/01	\$469.45	\$433.34	\$401.24	#DIV/01	#DIV/0!	#DIV/01	\$469.45	\$433.34	\$433.33	\$401.24	#DIV/0!	#DIV/0!	
	4.11 Allowed Claims 4.12 Reinsurance	\$405.82	#DIV/0!	\$469.45	\$469.45		#DIV/0!	#DIV/0!	\$469.45	\$433.34		#DIV/0!	#DIV/0!	#DIV/0!	\$469.45		\$433.33	\$0.00	#DIV/0!	#DIV/0!	
	4.13 Member Cost Sharing	\$211.95	#DIV/0!	\$214.75	\$203.36		#DIV/0!	#DIV/0!	\$161.16	\$219.26		#DIV/0!	#DIV/0!	#DIV/0!	\$178.99		\$202.61	\$221.28	#DIV/0!	#DIV/0!	
	4.14 Cost Sharing Reduction	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00		#DIV/0!	#DIV/0!	#DIV/0!	\$0.00		\$0.00	\$0.00	#DIV/0!	#DIV/0!	
	4.15 Incurred Claims	\$253.87	#DIV/0!	\$254.70	\$266.09		#DIV/0!	#DIV/0!	\$308.29	\$214.08		#DIV/0!	#DIV/0!	#DIV/0!	\$290.46		\$230.72	\$179.95	#DIV/0!	#DIV/0!	
	4.16 Risk Adjustment Transfer Amount 4.17 Premium	-\$6.73 \$326.06	#DIV/0!	-\$6.73 \$327.11	-\$6.73 \$341.74		#DIV/0!	#DIV/0!	-\$6.73 \$395.96	-\$6.73 \$274.97	-\$6.73 \$241.74	#DIV/0!	#DIV/0!	#DIV/0!	-\$6.73 \$373.07		-\$6.73 \$296.31	-\$6.73 \$231.09	#DIV/0!	#DIV/0!	
	4.17 Premium	\$326.06	WDIV/U!	\$327.11	\$341.74	\$310.05	#DIV/U!	WDIV/U!	\$395.96	\$274.97	\$241.74	#DIV/U!	#DIV/0!	#DIV/U!	\$373.07	\$263.38	\$296.31	\$231.09	#UIV/U!	#DIV/U!	

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 1	1.0000

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	UnitedHealthcare	e of the Mid-Atlantic, Inc.
SERFF tracking number	UHLC-13191001	12
Submission Date	May 24, 2019	
Product Name	Medical and Pres	scription Drug Insurance
Market Type	Individual	Small Group
Rate Filing Type	Rate Increase	New Filing
Scope and Range of the The 7.4 % increase is r		

This filing will impact:

of policyholder's 217 # of covered lives 602

The biggest drivers of our rate increase is trend and the return of the ACA fees.

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 7.4 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved 4.7 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 11.2%

Individuals within the group may vary from the aggregate of the above increase components as a result of:

The group's rate is based on the benefit plan selected and the attained ages of the members at the beginning of the policy period.

Financial Experience of Product

The overall financial experience of the product includes:

Some membership growth but an increase in trend.

The rate increase will affect the projected financial experience of the product by:

The projected loss ratio using the Federal prescribed MLR methodology is 86.2%

Components of Increase

The request is made up of the following components:

Trend Increases – 8.1 % of the 7.4 % total filed increase

1. Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is 4.2 % of the 7.4 % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is 3.9% of the 7.4% total filed increase.

Other Increases – -0.7 % of the 7.4 % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is % of the % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is -6.8% of the 7.4% total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is 1.4 % of the 7.4 % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is % of the % total filed increase.

5. Other – Defined as:

Base rate increase = 3.1%, Network Erosion Adjustment = 2.0%

Note: Components are multiplicative, so sum may differ slightly from total rate increase %.

This component is 5.1 % of the 7.4 % total filed increase.

RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK CHECK-LIST

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Sm	all Group
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Actuarial Memo
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Actuarial Memo
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Actuarial Memo
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Actuarial Memo
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Actuarial Memo
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Actuarial Memo
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Actuarial Memo

Number Data Element		Element Requirement Description		Individual and Small Group		
			Has the Data Element Been Included?	Location of the Data Element		
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	Exhibit 1		
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.	Yes	Actuarial Memo		
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Actuarial Memo		
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Actuarial Memo		
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Actuarial Memo		
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Actuarial Memo		
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Actuarial Memo		
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Actuarial Memo		

Number	Data Element	Requirement Description	Individual and Sm	Individual and Small Group		
			Has the Data Element Been Included?	Location of the Data Element		
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Exhibit A		
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Exhibit A		
17	Index Rate	Provide the index rate.	Yes	Actuarial Memo		
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Actuarial Memo		
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	Yes	Actuarial Memo		
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit T		
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Actuarial Memo Exhibit 4		
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yës	Actuarial Memo Exhibit 4		

Number	Data Element	Requirement Description	Individual and Sma	dividual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element	
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.	Yes	Actuarial Memo Exhibit 3	
		For initial filings, provide the derivation of any new plan factors.			
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Actuarial Memo Exhibit 1 Exhibit 3	
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	Yes	Actuarial Memo	
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	DISB Actuarial Memo Dataset	
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Actuarial Memo Exhibit A Part III Act'l Memo	
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation. Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memo	

Number	Data Element	Requirement Description	Individual/and Sm	all Group
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memo
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Actuarial Memo
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Actuarial Memo

Number	Data Element	Data Element Requirement Description		all Group
			Has the Data Element Been Included?	Location of the Data Element
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Actuarial Memo
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual and Sma	all Group
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change. Provide the assumed administrative costs in the following categories: Salaries, wages, employment taxes, and other employee benefits Commissions Taxes, licenses, and other regulatory fees Cost containment programs / quality improvement activities All other administrative expenses Total	Yes	Actuarial Memo
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memo
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memo
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Memo

Number	Data Element	nta Element Requirement Description	Individual and Sma	all Group
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	N/a	N/a
36.1	Unified Rate Review Template (Non- Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	gulation. Provide this document with	
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are "subject to review" as defined by HHS).	Yes	Separate Document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. Provide in Excel format only.	Yes	Separate Document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Separate Document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	Exhibit 3

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th of the current year, whichever is first.	Yes	Supporting Docs in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing.	N/a	N/a

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting	ng this rate filing attests that all items contained in the above
checklist have been included in the filing to the best of the con	npany's ability.
Ryan Morgan	Myan Morgan
(Print Name)	(Signature)

Page Number	Tracking Number	Plan Name	Run Number	Run AV	Run Weight	Final AV	Final Metal Level
3	Gold 7 Core - 2020	BQ-AP	1	81.1%	100.0%	81.1%	Gold
4	Bronze 4 Core - 2020	BQ-ET	1	62.6%	100.0%	62.6%	Bronze
5	Gold 7 Navigate - 2019	BQ-AS	1	81.0%	100.0%	81.0%	Gold
6	Bronze 4 Navigate - 2020	BQ-EU	1	62.6%	100.0%	62.6%	Bronze
7	Gold 10 Core - 2020	BQ-A4	1	82.0%	17.2%	80.9%	Gold
8	Gold 10 Core - 2020	BQ-A4	2	83.0%	2.7%	80.9%	Gold
9	Gold 10 Core - 2020	BQ-A4	3	79.4%	35.4%	80.9%	Gold
10	Gold 10 Core - 2020	BQ-A4	4	80.7%	5.5%	80.9%	Gold
11	Gold 10 Core - 2020	BQ-A4	5	81.6%	34.0%	80.9%	Gold
12	Gold 10 Core - 2020	BQ-A4	6	82.5%	5.3%	80.9%	Gold
13	Silver 11 Core - 2020	BQ-BH	1	72.8%	16.9%	71.3%	Silver
14	Silver 11 Core - 2020	BQ-BH	2	73.0%	3.0%	71.3%	Silver
15	Silver 11 Core - 2020	BQ-BH	3	69.8%	34.7%	71.3%	Silver
16	Silver 11 Core - 2020	BQ-BH	4	72.2%	33.4%	71.3%	Silver
17	Silver 11 Core - 2020	BQ-BH	5	69.9%	6.1%	71.3%	Silver
18	Silver 11 Core - 2020	BQ-BH	6	72.4%	5.9%	71.3%	Silver
19	Silver 8 Core - 2020	BQ-BK	1	70.8%	0.6%	71.7%	Silver
20	Silver 8 Core - 2020	BQ-BK	2	72.3%	0.1%	71.7%	Silver
21	Silver 8 Core - 2020	BQ-BK	3	72.5%	0.6%	71.7%	Silver
22	Silver 8 Core - 2020	BQ-BK	4	73.6%	0.1%	71.7%	Silver
23	Silver 8 Core - 2020	BQ-BK	5	71.6%	8.2%	71.7%	Silver
24	Silver 8 Core - 2020	BQ-BK	6	73.1%	1.3%	71.7%	Silver
25	Silver 8 Core - 2020	BQ-BK	7	71.6%	7.9%	71.7%	Silver
26	Silver 8 Core - 2020	BQ-BK	8	73.1%	1.2%	71.7%	Silver
27	Silver 8 Core - 2020	BQ-BK	9	70.1%	4.9%	71.7%	Silver
28	Silver 8 Core - 2020	BQ-BK	10	71.6%	0.8%	71.7%	Silver
29	Silver 8 Core - 2020	BQ-BK	11	71.6%	64.5%	71.7%	Silver
30	Silver 8 Core - 2020	BQ-BK	12	72.9%	10.0%	71.7%	Silver
31	Gold 10 Navigate - 2020	BQ-AT	1	82.0%	17.2%	80.9%	Gold
32	Gold 10 Navigate - 2020	BQ-AT	2	83.0%	2.7%	80.9%	Gold
33	Gold 10 Navigate - 2020	BQ-AT	3	79.4%	35.4%	80.9%	Gold
34	Gold 10 Navigate - 2020	BQ-AT	4	80.7%	5.5%	80.9%	Gold
35	Gold 10 Navigate - 2020	BQ-AT	5	81.6%	34.0%	80.9%	Gold
36	Gold 10 Navigate - 2020	BQ-AT	6	82.5%	5.3%	80.9%	Gold
37	Silver 11 Navigate -2020	BQ-AU	1	72.8%	16.9%	71.3%	Silver
38	Silver 11 Navigate -2020	BQ-AU	2	73.0%	3.0%	71.3%	Silver
39	Silver 11 Navigate -2020	BQ-AU	3	69.8%	34.7%	71.3%	Silver
40	Silver 11 Navigate -2020	BQ-AU	4	72.2%	33.4%	71.3%	Silver
41	Silver 11 Navigate -2020	BQ-AU	5	69.9%	6.1%	71.3%	Silver
42	Silver 11 Navigate -2020	BQ-AU	6	72.4%	5.9%	71.3%	Silver
43	Silver 8 Navigate - 2020	BQ-AV	1	70.8%	0.6%	71.7%	Silver
44	Silver 8 Navigate - 2020	BQ-AV	2	72.3%	0.1%	71.7%	Silver
45	Silver 8 Navigate - 2020	BQ-AV	3	72.5%	0.6%	71.7%	Silver
46	Silver 8 Navigate - 2020	BQ-AV	4	73.6%	0.1%	71.7%	Silver
47	Silver 8 Navigate - 2020	BQ-AV	5	71.6%	8.2%	71.7%	Silver
48	Silver 8 Navigate - 2020	BQ-AV	6	73.1%	1.3%	71.7%	Silver
49	Silver 8 Navigate - 2020	BQ-AV	7	71.6%	7.9%	71.7%	Silver
50	Silver 8 Navigate - 2020	BQ-AV	8	73.1%	1.2%	71.7%	Silver
51	Silver 8 Navigate - 2020	BQ-AV	9	70.1%	4.9%	71.7%	Silver
52	Silver 8 Navigate - 2020	BQ-AV	10	71.6%	0.8%	71.7%	Silver

53	Silver 8 Navigate - 2020	BQ-AV	11	71.6%	64.5%	71.7%	Silver
54	Silver 8 Navigate - 2020	BQ-AV	12	72.9%	10.0%	71.7%	Silver

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Em	ployer Contribution	n? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cant	dhodino America		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contr	ribution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
		Plan Benefit D	esign		Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		2.05	\$1,750.00		Wiedical	Diag				
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$3,000.00	-						
MOOP if Separate (\$)			\$3,000.00	_		T				
MOOF II Separate (5)							1			
Click Here for Important Instructions		Ti	ier 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies onl	y after deductible?
Medical	✓ All	□ All	unterent	зерагате	□ All	□ All	unierent	зерагате	□ All	☐ All
Emergency Room Services	▽			\$250.00					▽	
				3230.00						
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	•								
Specialist Visit	V	✓								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓	•								
Imaging (CT/PET Scans, MRIs)	✓	✓								
Speech Therapy		<u> </u>								
Occupational and Physical Therapy	✓	V								
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	<u> </u>	✓		30.00						
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>	✓								
K-rays and Diagnostic Imaging										
Skilled Nursing Facility	<b>V</b>	<b>V</b>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	v	✓								
Drugs	✓ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics	✓			\$10.00					✓	
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs		<u> </u>	80%							
Specialty Drugs (i.e. high-cost)			80%							
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П		Name:	BQ-AP						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC004000	n7₌∩1					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066	77-01					
# Days (1-10):			issuel filos ib.	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
	Coloulation Cuc	i. d								
Status/Error Messages:	Calculation Successi	ui.								
Actuarial Value:	81.14%									
Metal Tier:	Gold									
Additional Notes:										
Calculation Time:	0.0586 seconds									
Final 2020 AV Calculator										

Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	ered Network Op	tion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1s	t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				,						
		1 Plan Benefit De	1	1		2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$6,700.00							
Coinsurance (%, Insurer's Cost Share)			100.00%	-						
MOOP (\$)			\$6,700.00	]						
MOOP if Separate (\$)										
			_			_,	_			
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	-	Coinsurance, if	Copay, if	Copay applies only	v after deduct
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		-
Medical	<b>☑</b> All	<b>✓</b> All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	✓	<u> </u>								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	•	✓								
Specialist Visit	V	V								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓	~								
Imaging (CT/PET Scans, MRIs)	V	✓								
Speech Therapy	V	V								
Occupational and Physical Therapy	✓	<b>V</b>								
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	<u></u>	✓								
X-rays and Diagnostic Imaging	_ _									
Skilled Nursing Facility	✓	<u> </u>								
					_					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	_	<b>v</b>								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	✓ All	<b>✓</b> All			☐ All	☐ All			☐ All	☐ All
Generics	<b>V</b>	<u>v</u>								
Preferred Brand Drugs	<b>V</b>	<u> </u>								
Non-Preferred Brand Drugs	<b>V</b>	<u> </u>								
Specialty Drugs (i.e. high-cost)	✓	✓								
Options for Additional Benefit Design Limits:	_		Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-ET						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC004000	1-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
	Evpanded Brance C	tandard (FC0/ +- C	EV/) Calculation C	ccoccful						
Status/Error Messages:	Expanded Bronze S	tanuaru (56% t0 6	عرم), Calculation Su	ccessiui.						
Actuarial Value:	62.59% Bronzo									
Metal Tier:	Bronze									
Additional Notes:										
	0.0273 seconds									
Final 2020 AV Calculator										

**User Inputs for Plan Parameters** 

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	s	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiered	Network Plan?	· 🗆			
Apply Skilled Nursing Facility Copay per Day?					1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	ibution Amount:		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•					
Desired Metal Tier										
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,750.00	1	111001001					
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$3,000.00	Ť						
MOOP if Separate (\$)			70,000.00	<b>→</b>						
moor it separate (y)			_							
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		6. 1.1
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	y after deductible?
Medical	✓ All	✓ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	<b>V</b>	<b>V</b>	90%	\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	✓								
Specialist Visit	V	V								
Mental/Behavioral Health and Substance Use Disorder Outpatient										
	✓	✓								
Services	V	✓								
Imaging (CT/PET Scans, MRIs)		~~~~~~								
Speech Therapy	V	V								
	✓	✓								
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization				\$0.00						_
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	~	✓								
Skilled Nursing Facility	V	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
outpatient racinty rec (e.g., Ambaiatory Sargery center)						_				
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	✓ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	V			\$10.00					V	
Preferred Brand Drugs	V			\$45.00					✓	
Non-Preferred Brand Drugs	✓	<b>v</b>	80%							
Specialty Drugs (i.e. high-cost)	V	<b>V</b>	80%							
Options for Additional Benefit Design Limits:			Plan Description	•						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AS						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC005000	6-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Success	ful.								
Actuarial Value:	81.02%	-								
Metal Tier:	Gold									
Additional Notes:										
Additional Notes:										
Calculation Time:	0.0352 seconds									
Final 2020 AV Calculator										

Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	ered Network Op	ition			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?			d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	d Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		451 5 615		1	_					
		1 Plan Benefit De		1		2 Plan Benefit D	Combined			
Deductible (\$)	Medical	Drug	\$6,700.00	-	Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$6,700.00	†		-				
MOOP if Separate (\$)			\$0,700.00	1		T	<b>-</b>			
							1			
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies onl	u after deducti
туре от венетіт	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies on	y arter deducti
Medical	✓ All	<b>☑</b> All			☐ All	All			☐ All	All
Emergency Room Services	V	✓								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓	•								
Specialist Visit	V	✓								
Mental/Behavioral Health and Substance Use Disorder Outpatient					_					
Services	✓	$\checkmark$								
Imaging (CT/PET Scans, MRIs)	V	✓								
Speech Therapy	V	V								
	V	V								
Occupational and Physical Therapy		Ŀ			_					_
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	<b>V</b>	V								
Skilled Nursing Facility	V	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	V	✓								
Drugs	<b>☑</b> All	✓ All			☐ All	☐ All			☐ All	☐ All
Generics	<b>V</b>	✓								
Preferred Brand Drugs	V	✓								
Non-Preferred Brand Drugs	V	<b>V</b>								- - -
Specialty Drugs (i.e. high-cost)	✓	✓								
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-EU						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC005000	1-01					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	21066						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Expanded Bronze S	tandard (56% to 6	5%), Calculation Su	ccessful.						
Actuarial Value:	62.59%	•								
Metal Tier:	Bronze									
Additional Notes:										
Calculation Time:	0.0234 seconds									
Final 2020 AV Calculator										

**User Inputs for Plan Parameters** 

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	s	Tie	ered Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantril	husian Amarunt.		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold ▼									
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$750.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%								
MOOP (\$)	\$7,5			Ī		1				
MOOP if Separate (\$)	<b>‡</b> 1,72			-						
moor ii separate (y)										
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	_	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	, after deductible
Medical	☐ All	☐ All			□ All	□ All			□ All	☐ All
Emergency Room Services	<b>V</b>	<u> </u>	72%	\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	v	v .	7270	7250.00		Ō				
All impatient nospital services (inc. Will) 300)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
				4.0.00		П				
Specialist Visit	Ш	Ш		\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00						
Services	L									
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy				\$20.00						
				\$20.00						
Occupational and Physical Therapy				\$20.00	_	_				_
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	✓								
X-rays and Diagnostic Imaging	V	✓								
Skilled Nursing Facility	✓	✓								
					П	П				_
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓				ш				
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	□ All	☐ All			□ All	☐ All			□ All	□ All
Generics				\$10.00						
Preferred Brand Drugs				\$45.00						
Non-Preferred Brand Drugs		☑	80%	ÿ.3.00						
Specialty Drugs (i.e. high-cost)		v	80%							
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П	]	Name:	BQ-A4						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC001001	0_01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066	3-01					
# Days (1-10):			issuel filos ib.	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
	Error: Result is out	side of [-4, +2] per	cent de minimis va	ariation.						
	82.05%									
Metal Tier:										
	NOTE: Office-visit	specific cost-shari	ng is applying to x-	rays in office settir	ngs.					
Additional Notes:										
Calculation Time:	0.0312 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:			red Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier										
Desired Metal Fiel		r 1 Plan Benefit De	sign	T	Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share)		100.00%								
MOOP (\$)	\$7,5	00.00				•				
MOOP if Separate (\$)										
					ı					
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	☐ All	□ All
Emergency Room Services	☑ All	✓ All	72%	\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	V	✓	12/0	3230.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	_	_				_
Services				340.00						
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy				\$20.00						
				\$20.00						
Occupational and Physical Therapy		П		\$0.00		_				
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services		✓	100%	\$0.00						
X-rays and Diagnostic Imaging	V	<u> </u>	100%							
Skilled Nursing Facility	<b>V</b>	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs				\$45.00		_				_
Non-Preferred Brand Drugs		V	80%							
Specialty Drugs (i.e. high-cost)  Options for Additional Benefit Design Limits:		✓	80% Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:	BQ-A4						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC0010019	9-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066	, 01					
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		]								
Output Calculate										
Calculate Status/Error Messages:	Error: Pecult is our	tside of [-4, +2] per	cent de minimis v	riation						
Actuarial Value:	82.96%	isiue 01 [-4, +2] per	cent de minimilis Va	ariaciOII.						
Metal Tier:	02.30/0									
	NOTE: One or mo	re services are not	subject to the ded	uctible and have no	copay. Any ser	vice with this co	st-sharing structure	e is covered at	100% by the plan in	the deductible
Additional Notes:		ice-visit-specific co	-				. 0		, ,	
	-	•	,	•	-					
Calculation Time:	0.0312 seconds									

Mental/Elehavoral Health and Substance Use Disorder Outpatient   S40.00   S250.00	User Inputs for Plan Parameters	_									
Apply allowed houses placeling togogy per Day? Indicate if Pan Meets Coff or Expanded Dotter or Schalaring for Expansion (Indicate in Pan Meets Coff or Expanded Dotter or Schalaring for Expansion (Indicate in Pan Meets Coff or Expanded Dotter or Schalaring for Expansion (Indicate in Pan Meets Coff or Expansion (Indicate in											
Use Separate Model CR or folgoods designed Medical of Para Medical of England Medical of Para Medical of Foreign Medical of Document (P. Insurer Cost plane)  Declaration (P. Insurer Cost plane)  D			HSA/HRA Empl	oyer Contribution	? 🗆						
Indicate if Plan Meets CRI or kapended illorance Plane Meets (CRI Share)  Decardine (S)  Decardi			Annual Contril	oution Amount:							
Desired Medal Term   Format		_				2nd	d Tier Utilization:				
The Part Burnary Control Contr	·										
Comparate Ps, I sourier Cost Shares  Comparate Ps, I sourier Cost Shares  MoOP II Septimed St.  Shares No. 1	Desired Metal Her		1 Plan Renefit De	sign	T	Tier	· 2 Plan Benefit D	)esign			
Consumance (K, Insurar's Castalania Statute (S) 100.00% (S) 100.00				, -							
Coinsurance (N, Insurance Coast share)  ABOOPS 1	Deductible (\$)										
MOP If Separate (5)  Type of Benefit  Deductible?  Type of Benefit  Medical			100.00%								
Title 1 Title 2 Type of Benefit	MOOP (\$)	\$7,50	0.00				•				
Type of Benefit bedeutible bedeutible Colonsurance, if departs bedeutible Colonsurance, if departs departs bedeutible Colonsurance, if departs departs bedeutible Colonsurance, if departs dep	MOOP if Separate (\$)										
Subject to beducible? Coloramence, if copyrise (appared to beducible) Colorame						ı					
Medical   Marie   Mari	Click Here for Important Instructions									Tier 1	Tier 2
Medical	Type of Benefit	-	-	•		•	•	•		Copay applies only	after deductible
Emergency (poom Services   P.   P.   P.   P.   P.   P.   P.   P	Madical			different	separate			different	separate		
Primary Care Visit to Treat an Injury or illness (exc. Preventive, and X-rays)				729/	\$350.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				1270	3230.00		Ä				
Specialist Visit											
Mental/Rehavoral Health and Substance Use Disorder Outpatient	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
Services	Specialist Visit				\$40.00						
Services	Mental/Behavioral Health and Substance Use Disorder Outpatient				¢40.00	_	_				_
Speech Therapy  CECupational and Physical Therapy  CECUPATION OUTpatient and Professional Services  Areay and Diagnostic Imaging  Guipatient Facility Fee (e.g., Ambulatory Surgery Center)  Colupatient Surgery Physician/Surgical Services  Colupatient Surgery Physician/Surgical Services  CECUPATION OUTpatient Surgery Physician/Surgical Services  CECUPATION OUTPATION OUTPAT	Services	L			\$40.00	_					
S20.00	Imaging (CT/PET Scans, MRIs)		✓	50%	\$250.00						
Occupational and Physical Therapy Preventive Care/Screening/Immunization	Speech Therapy				\$20.00						
Preventive Care/Screening/Immunisation Laboratory Outpatient and Professional Services  Virays and Diagnostic Imaging Virays a					\$20.00						
Laboratory Outpatient and Professional Services					<u> </u>	_					
X-rays and Diagnostic Imaging  Skilled Nursing Facility  Outpatient Facility Fee (e.g., Ambulatory Surgery Center)  Outpatient Surgery Physician/Surgical Services  Outpatient Surgery Physician/Surgical Surgical Services  Outpatient Surgery Physician/Surgical Services  Outpatient Surgery Physician/Surgical Services  Outpatient Surgery Physician/Surgical Services  Outpatient Surgery Physician Surgical Services  Outpatient Surgical Services  Outpatient Surgical Services  Outpatient Surgical Services  Outpati			·····		\$0.00						
Skilled Nursing Facility  Outpatient Facility Fee (e.g., Ambulatory Surgery Center)  Outpatient Surgery Physician/Surgical Services  Outpatient Surgery Physician/Surgery Physician/											
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						_					
Outpatient Surgery Physician/Surgical Services    Drugs											
Generics   S10.00   S	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	✓	34%	\$250.00						
Generics   \$10.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$45.00   \$	Outpatient Surgery Physician/Surgical Services	V	✓								
Preferred Brand Drugs	Drugs	☐ All				☐ All	☐ All			☐ All	☐ All
Non-Preferred Brand Drugs	Generics				···						
Specialty Drugs (i.e. high-cost)  Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments?  Set a Maximum Number of Days for Charging an IP Copay?  Begin Primary Care Cost-Sharing After a Set Number of Visits?  Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  # Copays?  # Copays (1-10):  Output  Calculate  Satus/Error Messages:  Actuarial Value:  App. (a.)  Actuarial Value:  App. (a.)  ONTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).					\$45.00						
Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay?  # Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?  # Visits (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):  Output  Calculate  Status/Error Messages: Calculation Successful. Actuarial Value: Ood MoTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).											
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Usits? # Usits (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):  Copays? # Copays (1-10):  Output Calculate  Status/Error Messages: Actuarial Value: 79, 42% Metal Tier: Gold  NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).		Ш	✓			Ш					Ш
Specialty Rx Coinsurance Maximum:  Set a Maximum Number of Days for Charging an IP Copay?   Issuer HIOS ID: 21066DC0010019-01  Set a Maximum Number of Days for Charging an IP Copay?   Issuer HIOS ID: 21066  Begin Primary Care Cost-Sharing After a Set Number of Visits?   Wisits (1-10):				•							
Set a Maximum Number of Days for Charging an IP Copay?	, , ,					0.01					
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?  # Visits (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays? # Copays (1-10):    Calculate						9-01					
Begin Primary Care Cost-Sharing After a Set Number of Visits?   #Visits (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? #Copays? #Copays (1-10):    Calculate				issuel filos ib.	21000						
# Visits (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):    Columber		П									
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? #Copays? #Copays (1-10):  Output  Calculate  Status/Error Messages: Actuarial Value: Metal Tier: Gold NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. Additional Notes: NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).											
Output  Calculate  Status/Error Messages: Actuarial Value: Metal Tier: Gold NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).	Begin Primary Care Deductible/Coinsurance After a Set Number of										
Output  Calculate  Status/Error Messages: Calculation Successful. Actuarial Value: 79,42% Metal Tier: Gold NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).	Copays?										
Status/Error Messages: Calculation Successful. Actuarial Value: 79.42% Metal Tier: Gold NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).	# Copays (1-10):										
Status/Error Messages: Calculation Successful. Actuarial Value: 79.42% Metal Tier: Gold NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).	Output										
Actuarial Value:  79.42%  Metal Tier:  Gold  NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).		Calandaria S	£1								
Metal Tier:  Gold  NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).			itui.								
NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).											
Additional Notes: outpatient inputs for those service(s).	ivictal rici.		necific cost-shari	ng is anniving to v	ravs in office settir	ngs NOTE: San	ice-specific cost-	sharing is anniving	for service(s)	with fac/prof.compo	nents overriding
	Additional Notes:		•		rays in office settil	153. NOTE. SELV	ice specific cost-	Similing is applying	ioi sei vice(s) v	vici rac/pror compo	icino, overriding
Calculation Time: 0.0273 seconds	Additional NUCES.	- reposition inputs 10	эст чисе(э)	-							
	Calculation Time:	0.0273 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan?	· 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		15	t Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	bation Amount.		2nd	d Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				<del>_</del>						
		1 Plan Benefit De	1			2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share)		100.00%		_						
MOOP (\$)	\$7,500	0.00								
MOOP if Separate (\$)							l			
						_				
Click Here for Important Instructions			er 1				ier 2	- "	Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Copay applies only	after deductible
Medical	All	□ All	amerent	separate	All	All	airierent	separate	☐ All	☐ All
Emergency Room Services	✓ All	V All	72%	\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	V	✓	12/0	\$230.00						
All Impatient Hospital Services (inc. Min/300)		<u> </u>								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				340.00						
Services				\$40.00						
Imaging (CT/PET Scans, MRIs)	V	V	50%	\$250.00						
Speech Therapy				\$20.00						
Occupational and Physical Therapy				\$20.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		V	100%							
X-rays and Diagnostic Imaging	<b>V</b>	<b>V</b>								
Skilled Nursing Facility	✓	✓								
	V	✓	2.407	4050.00		_				_
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		✓	34%	\$250.00						
Outpatient Surgery Physician/Surgical Services	V	<b>v</b>								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs				\$45.00						
Non-Preferred Brand Drugs		V	80%							
Specialty Drugs (i.e. high-cost)		✓	80%							
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-A4_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC001001	9-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Calculate										
Status/Error Messages:	Calculation Success	ful.								
Actuarial Value:	80.67%									
Metal Tier:	Gold									
metal reci		services are not	subject to the ded	uctible and have no	n conav Anvice	vice with this co	st-sharing structure	is covered at	100% by the plan in	the deductible
Additional Notoc			-				-		vice(s) with fac/prof	
Additional Notes:	overriding outpatie			₆ to x 10/3 111 01111	ce settings. NO	. L. Scrvice speci		PP-11116 101 3C1	vice(s) with rac/prof	components,
Colordation Times			1.00(5).							
Calculation Time: Final 2020 AV Calculator	0.0273 seconds									
rinai 2020 AV Calculatui										

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bation Amount.		2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De	1	_		2 Plan Benefit I				
Deductible (\$)	<b>Medical</b> \$750.00	<b>Drug</b> \$0.00	Combined		Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)	\$750.00 80.00%	100.00%								
MOOP (\$)	\$7,50			•		l				
MOOP (\$)	\$7,50	0.00		_						
Woor in Separate (2)							-			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		6. 1.1.411
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	, after deductible
Medical	☐ All	☐ All			☐ All	☐ All			□ All	☐ All
Emergency Room Services	V	V	72%	\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
rimary care visit to freat arringary or filliess (exc. Freventive, and X-rays)					_					
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00						
Services					_					
Imaging (CT/PET Scans, MRIs)	<u> </u>	<b>V</b>	50%	\$250.00						_
Speech Therapy				\$20.00						
0   10   17				\$20.00						
Occupational and Physical Therapy				ćo 00	_	_				
Preventive Care/Screening/Immunization  Laboratory Outpatient and Professional Services		☑		\$0.00						
X-rays and Diagnostic Imaging	V	<u>v</u>								
Skilled Nursing Facility	<b>V</b>	✓			H					H
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs				\$45.00						
Non-Preferred Brand Drugs		✓	80%							
Specialty Drugs (i.e. high-cost)		✓	80%							
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-A4_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC001001	9-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?  # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Success	sful.								
Actuarial Value:	81.60%									
	Gold									
	NOTE: Office-visit-	specific cost-shar	ing is applying to x-	rays in office settir	ngs.					
Additional Notes:										
	0.0312 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:			ered Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	i? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier										
Desired Metal Fiel		r 1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share)		100.00%								
MOOP (\$)	\$7,5	00.00								
MOOP if Separate (\$)										
Click Have for large stock to the street large		<b>-</b> 1.	4				er 2		Tier 1	Tier 2
<u>Click Here for Important Instructions</u>	Cubinata	Tie		C 16	Cublinate			C 'f	Her 1	Her 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible
Medical	□ All	□ All	unierent	separate	All	All	umerent	separate	☐ All	☐ All
Emergency Room Services	✓	✓	72%	\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓	, , , ,	Ŷ230.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00						
Services Imaging (CT/PET Scans, MRIs)	✓	V	50%	\$250.00						
Speech Therapy			30%	\$20.00						
Specer merapy					1					
Occupational and Physical Therapy				\$20.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		V	100%							
X-rays and Diagnostic Imaging	V	✓								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs				\$45.00						_
Non-Preferred Brand Drugs		V	80%							
Specialty Drugs (i.e. high-cost)  Options for Additional Benefit Design Limits:		✓	80% Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:	BQ-A4 POST						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC0010019	9 <u>-</u> 01					
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	21066	5 01					
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
Calculate Status/Error Messages:	Error: Pecult is out	tside of [-4, +2] per	cent de minimis v	ariation						
Actuarial Value:	82.49%	.siuc 01 [-4, +2] per	cent de minimilis Va	ariaciUII.						
Metal Tier:	O2.+3/0									
	NOTE: One or mor	re services are not	subject to the ded	uctible and have no	copay. Any ser	vice with this co	st-sharing structure	e is covered at	100% by the plan in	the deductible
Additional Notes:			-	ing to x-rays in offic			. 0		, ,	
	-	•	,	•	-					
Calculation Time:	0.0312 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option:		Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		7 ii ii dan Contan	bation / unio anti		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		r 1 Plan Benefit De				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,750.00							
Coinsurance (%, Insurer's Cost Share)			100.00%	_						
MOOP (\$)			\$6,700.00							
MOOP if Separate (\$)							l			
Click House for house stock has broadle as		T1-	4				· 3		T'4	T3
Click Here for Important Instructions	Cultivate	Tie		C 'f	Cultivates		ier 2	C 'f	Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Copay applies only	, after deductible
Medical	✓ All	□ All	amerent	separate	□ All	All	airrerent	separate	☐ All	☐ All
				ć250.00						
Emergency Room Services	V			\$250.00					V	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00					✓	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	•			\$25.00					✓	
Constitution of the Artist				ć50.00					✓	
Specialist Visit				\$50.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	✓			\$50.00					✓	
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy	V			\$25.00					✓	
эреесп петару				\$25.00						
Occupational and Physical Therapy	V			\$25.00					✓	
Preventive Care/Screening/Immunization				\$0.00		П				
Laboratory Outpatient and Professional Services				70.00	_					
X-rays and Diagnostic Imaging	·	✓			Ī					_
Skilled Nursing Facility				\$500.00					✓	
				7500.00						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	✓ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	>			\$10.00					<b>V</b>	
Preferred Brand Drugs	>			\$45.00					•	
Non-Preferred Brand Drugs	V	✓	80%							
Specialty Drugs (i.e. high-cost)	V	✓	80%							
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BH						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC001001	5-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):		1								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		]								
Output										
Calculate	Eman Bassilei		and the second of the second o							
		tside of [-4, +2] per	rcent de minimis va	ariation.						
	72.75%									
Metal Tier:	NOTE Office : ::		ta a ta a a a b da a t							
	NOTE: Office-visit	-specific cost-shari	ing is applying to x-	rays in office settir	ngs.					
Additional Notes:										
Calculation Time:	0.0352 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option:	s	Tie	ered Network O _l	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	oution Amount.		2nd	Tier Utilization:	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼									
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,750.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)		•	\$6,700.00	7						
MOOP if Separate (\$)				<b>→</b>						
			-				_			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	, after deductible
туре от венени	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies offi	arter deductible
Medical	✓ All	☐ All			☐ All	All			☐ All	☐ All
Emergency Room Services	Y			\$250.00					V	
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓			\$25.00					✓	
Specialist Visit	V			\$50.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	✓			\$50.00					✓	
Imaging (CT/PET Scans, MRIs)	V	✓				П				
Speech Therapy	<u> </u>			\$25.00					<b>v</b>	
Special merapy										
Occupational and Physical Therapy	✓			\$25.00					✓	
Preventive Care/Screening/Immunization	П	П		\$0.00						
Laboratory Outpatient and Professional Services				50.00						
X-rays and Diagnostic Imaging	V	V								
Skilled Nursing Facility	V			\$500.00	H				- ✓	
Skilled Nursing Facility				\$500.00					<u> </u>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	✓ All	□ All			□ All	□ All			□ All	□ All
-	V All			\$10.00					✓ All	
Generics Preferred Brand Drugs	V			\$45.00					<u>v</u>	Ä
	V		80%	343.00						
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)						Ш				
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BH 21066DC001001	F 04					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:		5-01					
Set a Maximum Number of Days for Charging an IP Copay?	Ш		Issuer HIOS ID:	21066						
# Days (1-10):		-								
Begin Primary Care Cost-Sharing After a Set Number of Visits?	Ш									
# Visits (1-10):		-								
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ш									
Copays? # Copays (1-10):										
Output Calculate										
	Form Decoded	-1461 4 . 23	and the sector to the first							
	Error: Result is out	.siue of [-4, +2] per	cent ae minimis va	ariation.						
	73.00%									
Metal Tier:	NOTE: Off:			and the second						
	NUTE: Office-visit	-specific cost-shari	ng is applying to x-	rays in office settir	ngs.					
Additional Notes:										
Calculation Time:	0.0352 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options			ered Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		4 Dl D f't D-		П	T	2 Dl D 6'4 D				
	Medical	1 Plan Benefit De	Combined		Medical	2 Plan Benefit D	Combined			
Deductible (\$)	iviedicai	Drug	\$2,750.00	-	iviedicai	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$6,700.00	1		-				
MOOP if Separate (\$)			\$0,700.00	4						
						•	•			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	, after deductible
туре от венени	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies offi	
Medical	<b>✓</b> All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	>			\$250.00					V	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00					V	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	~			\$25.00					✓	
Specialist Visit	V			\$50.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	<b>&gt;</b>			\$50.00					✓	
Services Imaging (CT/PET Scans, MRIs)		_	64%	\$250.00						
Speech Therapy	V		04%	\$25.00					<u> </u>	
эрееси петару				323.00						
Occupational and Physical Therapy	V			\$25.00					✓	
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		<u> </u>								
X-rays and Diagnostic Imaging		<u> </u>								
Skilled Nursing Facility	V			\$500.00					V	
Outpotiont Facility Foo (c.g. Ambulator Curany Contor)	V	<b>_</b>	44%	\$250.00						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)			44%	\$250.00						
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	<b>☑</b> All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	N I			\$10.00					<u> </u>	
Preferred Brand Drugs	] [			\$45.00					<u> </u>	
Non-Preferred Brand Drugs	> >	V	80%							
Specialty Drugs (i.e. high-cost)  Options for Additional Benefit Design Limits:	<b>⊻</b>		80% Plan Description:		ш					ш
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BH_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC001001	5-01					
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:	21066	3 01					
# Days (1-10):				21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
	Calculation Success	tul.								
	69.76%									
	Silver	nocific cost short	ing is applying to ::	rave in office catti	age NOTE: Same	ica spasific sast	charing is anni-ilas	for conside(s):	with factored comma	nonte quarridina
	outpatient inputs fo			rays in office settif	igs. NOTE: Serv	ice-specific cost-	silai ilig is applying	ioi service(s) \	with fac/prof compo	nents, overriding
Additional Notes:	outpatient inputs IC	anose service(S)	,.							
Coloriation Times	0.0242									
Calculation Time:	0.0312 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		<b>HSA/HRA Option</b>	s	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	i? □		d Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1s ⁻	t Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	bation Amount.		2nd	d Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
		r 1 Plan Benefit De	1			2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,750.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$6,700.00	╛						
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?		separate	Copay applies only	after deductible
Medical	✓ All	☐ All			☐ All	☐ All			□ All	☐ All
Emergency Room Services	<b>V</b>			\$250.00					✓	
All Inpatient Hospital Services (inc. MH/SUD)	<b>V</b>			\$500.00					✓	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$25.00						
Frinally Care visit to freat an injury of fillness (exc. Freventive, and x-rays)	V								V	
Specialist Visit	V			\$50.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$50.00					✓	
Services	L									
Imaging (CT/PET Scans, MRIs)	V	V	64%	\$250.00						
Speech Therapy	V			\$25.00					V	
	✓			\$25.00					✓	
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization				\$0.00		_				_
Laboratory Outpatient and Professional Services	<u> </u>	<u> </u>								_
X-rays and Diagnostic Imaging	V	V								
Skilled Nursing Facility	V			\$500.00					V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	✓ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	✓			\$10.00					✓	
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	✓	80%							
Specialty Drugs (i.e. high-cost)	✓	<b>v</b>	80%							
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BH_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC001001	5-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):		_								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
Calculate Status/Error Messages:	Error: Posult is a	teido of [ 4 + 2] ===	cont do minimis :	ariation						
Actuarial Value:	72.16%	tside of [-4, +2] per	cent de minimis Va	andtiun.						
Metal Tier:	/2.10/0									
ivictal rici.	NOTE: Office-vicit	-specific cost-shari	ng is anniving to v	-rays in office settir	ngs					
Additional Nation	NOTE. OTTICE-VISIT	. specific cost-sildfl	IIP IS applying to x.	rays in office settif	163.					
Additional Notes:										
0.1.1.1										
Calculation Time:	0.0391 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	}	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		7 ii ii iddi Colleiii	oution/ unount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		Plan Benefit De		-		2 Plan Benefit D				
Destructible (A)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,750.00							
Coinsurance (%, Insurer's Cost Share) MOOP (\$)			100.00%	+						
MOOP (\$)  MOOP if Separate (\$)			\$6,700.00	4						
WOOF II Separate (3)							l			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		6. 1.1.49.1
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	<b>☑</b> All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	>			\$250.00					V	
All Inpatient Hospital Services (inc. MH/SUD)	<b>V</b>	✓								
		_		40= 00	_				_	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓			\$25.00					✓	
Specialist Visit	V			\$50.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$50.00		_				
Services	V			\$30.00	_				V	
Imaging (CT/PET Scans, MRIs)	V	✓	64%	\$250.00						
Speech Therapy	V			\$25.00					V	
Occupational and Bharing Thomas	V			\$25.00					✓	
Occupational and Physical Therapy Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	<u> </u>	<b>▽</b>		30.00						
X-rays and Diagnostic Imaging	V	V								
Skilled Nursing Facility	<u> </u>			\$500.00					<u> </u>	H
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V	44%	\$250.00						
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	✓ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	V			\$10.00					V	
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	<b>V</b>	80%							
Specialty Drugs (i.e. high-cost)	V	✓	80%							
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BH_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC0010015	o-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Successi	ul.								
	69.87%									
	Silver									
				rays in office settin	gs. NOTE: Serv	ice-specific cost-	sharing is applying	for service(s)	with fac/prof compo	nents, overriding
Additional Notes:	outpatient inputs fo	r those service(s)	i.							
Calculation Time:	0.0312 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan?	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	hutian Amount:		1st	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼									
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,750.00	1						
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$6,700.00	Ť						
MOOP if Separate (\$)			<del>+</del>	<b>→</b>						
moor ii separate (y)							-			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	_	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?		separate	Copay applies only	after deductible
Medical	✓ All	□ All	directent	зеринис	□ All	□ All	direction	Separate	□ All	☐ All
Emergency Room Services	<u> </u>			\$250.00	_				Z	
All Inpatient Hospital Services (inc. MH/SUD)	V	<u> </u>		\$250.00						
All impatient nospital services (inc. Min/SOD)	•								Ш	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓			\$25.00					✓	
					_					
Specialist Visit	V			\$50.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$50.00					✓	
Services										
Imaging (CT/PET Scans, MRIs)	V	V	64%	\$250.00						
Speech Therapy	V			\$25.00					V	
	✓			\$25.00					✓	
Occupational and Physical Therapy				\$25.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	✓								
X-rays and Diagnostic Imaging	<b>&gt;</b>	<b>V</b>								
Skilled Nursing Facility	<b>V</b>			\$500.00					✓	
					_	_				_
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	V	✓								
Drugs	✓ All	☐ All			□ All	□ All			□ All	□ All
Generics	✓			\$10.00					✓	
Preferred Brand Drugs	<u> </u>			\$45.00					V	
Non-Preferred Brand Drugs	☑	v	80%	Ş+3.00						
Specialty Drugs (i.e. high-cost)	☑	V	80%							
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	BQ-BH_POST_						
Specialty Rx Coinsurance Payments:  Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC001001	F 01					
			Issuer HIOS ID:	21066	5-01					
Set a Maximum Number of Days for Charging an IP Copay?			issuer HIOS ID:	21000						
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?	Ш									
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ш									
Copays?										
# Copays (1-10):										
Output										
Calculate										
	Error: Result is out	side of [-4, +2] per	cent de minimis va	ariation.						
	72.38%									
Metal Tier:										
	NOTE: Office-visit	specific cost-shari	ng is applying to x-	rays in office settir	ngs.					
Additional Notes:										
Calculation Time:	0.0391 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		, unidar correri	oution / uniounit		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier					_					
		1 Plan Benefit De	1	_		2 Plan Benefit [				
Deductible (\$)	<b>Medical</b> \$2,750.00	<b>Drug</b> \$250.00	Combined		Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)	\$8,15			•		l				
MOOP (\$)		5.00		-						
moor ii separate (y)			_				1			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
- (- ()	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	C	- <b>6</b> 1
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	☐ All	☐ All			All	☐ All			☐ All	☐ All
Emergency Room Services	V	V								
All Inpatient Hospital Services (inc. MH/SUD)	V	V			_					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00						
Services					_					
Imaging (CT/PET Scans, MRIs)		<u> </u>	56%	\$299.99						
Speech Therapy				\$50.00						
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	<u> </u>								
X-rays and Diagnostic Imaging	✓	<b>V</b>								
Skilled Nursing Facility	✓	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		V	33%	\$212.42						
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)	~	✓	80%							
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BK						
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	21066DC0040003	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Success	ful.								
Actuarial Value:	70.76%									
Metal Tier:	Silver									
				rays in office settin	gs. NOTE: Serv	ce-specific cost-	sharing is applying	for service(s) v	vith fac/prof compor	ents, overriding
Additional Notes:	outpatient inputs fo	or those service(s)	l.							
Calculation Time:	0.0312 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	i? □	Tiere	d Network Plan?	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st	Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)	\$8,1	50.00								
MOOP if Separate (\$)										
									1	
Click Here for Important Instructions		Tie					ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	• • •	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible?
·	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	□ All	□ All			☐ All	☐ All			☐ All	All
Emergency Room Services	Z	<u> </u>								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)		✓	56%	\$299.99						
Speech Therapy				\$50.00						
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		☑	100%							
X-rays and Diagnostic Imaging	<u> </u>	✓	20070							
Skilled Nursing Facility	·	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		₹	33%	\$212.42						
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)	V	V	80%							
Options for Additional Benefit Design Limits:		•	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BK						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC004000	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		tside of [-4, +2] per	cent de minimis va	ariation.						
Actuarial Value:	72.31%									
Metal Tier:					_					
			•				•		100% by the plan in t	
Additional Notes:				ing to x-rays in offic	ce settings. NOT	E: Service-speci	tic cost-sharing is a	pplying for ser	vice(s) with fac/prof	.omponents,
	overriding outpati	ent inputs for those	e service(s).							
Calculation Time:	0.0352 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	s	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	1? □		d Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?		7 ii ii dan Contan	oacion, uno anci		2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		r 1 Plan Benefit De	1	_		2 Plan Benefit				
- L .: L .: AN	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00 70.00%	\$250.00 100.00%								
Coinsurance (%, Insurer's Cost Share) MOOP (\$)		50.00		-		ļ				
MOOP (\$)  MOOP if Separate (\$)		50.00 		_						
WOOF II Separate (3)							-			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?		separate	Copay applies only	y after deductible?
Medical	☐ All	☐ All		·	☐ All	☐ All			□ All	☐ All
Emergency Room Services	V	✓								
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓								
				ć=0.00	_	_				_
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00		П				П
Services	_					_				1
Imaging (CT/PET Scans, MRIs)		V	56%	\$299.99						
Speech Therapy				\$50.00						
				\$50.00						
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization				\$0.00						_
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	×	<b>▽</b>								
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		✓								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	□ All	□ All			□ All	□ All			□ All	□ All
Generics				\$10.00	0					
Preferred Brand Drugs				\$45.00					<u> </u>	
Non-Preferred Brand Drugs	✓	✓	80%							
Specialty Drugs (i.e. high-cost)	V	✓	80%							
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BK						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC004000	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ш									
Copays? # Copays (1-10):										
Output		J								
Calculate										
Status/Error Messages:	Error: Result is out	side of [-4, +2] per	cent de minimis va	ariation.						
Actuarial Value:	72.46%	, _, pe.								
Metal Tier:										
	NOTE: One or mor	re services are not	subject to the ded	uctible and have no	copay. Any sei	vice with this co	st-sharing structure	is covered at	100% by the plan in	the deductible
Additional Notes:	range. NOTE: Offi	ce-visit-specific co	st-sharing is applyi	ing to x-rays in offic	ce settings. NO	E: Service-speci	fic cost-sharing is a	oplying for ser	vice(s) with fac/prof	components,
	overriding outpati	ent inputs for those	e service(s).							
Calculation Time:	0.0391 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan?	· 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		4.01 0 61.0			_					
		er 1 Plan Benefit De	, -	_		2 Plan Benefit I				
Deductible (\$)	\$2,750.00	<b>Drug</b> \$250.00	Combined		Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)		100.00%								
MOOP (\$)		.50.00								
MOOP if Separate (\$)				-						
		•					•			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Tune of Danesia	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	, after deductible?
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies offi	arter deductible:
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	V	V								
All Inpatient Hospital Services (inc. MH/SUD)	V	V				Ö				_
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00		П				
						_				_
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00						
Services		✓	56%	\$299.99						
Imaging (CT/PET Scans, MRIs) Speech Therapy			30%	\$50.00						
эреест ттегару										<del>-</del>
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		☑	100%							
X-rays and Diagnostic Imaging	✓	<b>V</b>								
Skilled Nursing Facility	V	<b>V</b>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		V								
Outpatient racinty ree (e.g., Ambulatory Surgery Center)						_				_
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	<u> </u>			\$45.00					<u> </u>	_
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)	✓	✓	80%		L					
Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments?		1	Plan Description: Name:	: BQ-BK						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC004000	2_01					
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	21066	3-01					
# Days (1-10):			issuci filos ib.	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		tside of [-4, +2] per	cent de minimis va	iriation.						
Actuarial Value:	73.58%									
Metal Tier:	NOTE: One or	ro consider are act	cubioct to the ded	uctible and have a	a consu. Anu con	vica with this so	et charing etrusters	is sovered at	100% by the plan in	the deductible
Additional Nation							-		100% by the plan in vice(s) with fac/prof	
Additional Notes:	-	ice-visit-specific co ient inputs for those		ing to x-rays iil Olli	ce settings. NOI	L. Jei vice-speci	inc cost-snaring is a	bbiling for set	rice(s) with rat/prof	components,
0.1.1.1		.c inputs for tilost	c service(s).							
Calculation Time:	0.0391 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Ailliadi Collai	bation Amount.		2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				=						
		1 Plan Benefit De	1			2 Plan Benefit I				
- L .: L .	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%		-						
MOOP (\$)	\$8,15	0.00								
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	□ All	□ All	unterent	зериние	□ All	□ All	uniciciit	Jeparate	☐ All	☐ All
Emergency Room Services	<u> </u>	☑								
All Inpatient Hospital Services (inc. MH/SUD)	]	v			Ī	Ō				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient					_				*	
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)		✓	56%	\$299.99						
Speech Therapy				\$50.00						
				ć=0.00						
Occupational and Physical Therapy		Ш		\$50.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	v								
X-rays and Diagnostic Imaging	N	V								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	<b>V</b>								
Outpatient racinty ree (e.g., Ambulatory Surgery Center)					_	_				_
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ AII	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	Ŋ.			\$45.00					<u> </u>	_
Non-Preferred Brand Drugs	) <u>S</u>	<u> </u>	80%						<u> </u>	
Specialty Drugs (i.e. high-cost)	✓	✓	80%							
Options for Additional Benefit Design Limits:			Plan Description Name:	: BQ-BK						
Set a Maximum on Specialty Rx Coinsurance Payments?  Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC004000	2 01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066	3-01					
# Days (1-10):			issuel filos ib.	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
	Calculation Succes	sful.								
	71.64%									
	Silver									
	NOTE: Office-visit-	specific cost-shari	ing is applying to x-	rays in office settir	ngs.					
Additional Notes:										
	0.0352 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	□ Silver ▼									
Desired Metal Tier		u 1 Dlaw Dawafit Da	alau.	_	Ties	2 Dlan Danafit F	a sign			
	Medical	r 1 Plan Benefit De Drug	Combined	-	Medical	2 Plan Benefit Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00	Combined		ivieuicai	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)		50.00				1				
MOOP if Separate (\$)	1 - /			-						
		•	•				•			
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Tune of Danesia	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Conay annlies only	, after deductible
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	arter deductible
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	V	✓								
All Inpatient Hospital Services (inc. MH/SUD)	V	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
	_				_	_				
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00						
Services Imaging (CT/PET Scans, MRIs)			56%	\$299.99						_
Speech Therapy			30%	\$50.00						
эрест тистару				\$30.00						
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization	П			\$0.00						
Laboratory Outpatient and Professional Services		✓	100%							
X-rays and Diagnostic Imaging	V	✓								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	_			\$45.00					<u> </u>	
Non-Preferred Brand Drugs	>	<u> </u>	80%							
Specialty Drugs (i.e. high-cost)	✓	✓	80%							
Options for Additional Benefit Design Limits:		1	Plan Description	: BQ-BK						
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	21066DC004000	2 01					
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:	21066	3-01					
# Days (1-10):			issuel filos ib.	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):		]								
Output										
Calculate										
Status/Error Messages:		tside of [-4, +2] per	cent de minimis va	ariation.						
Actuarial Value:	73.08%									
Metal Tier:	NOTE: One or	ro condicos aro act	cubiost to the ded	uctible and have se	consu Anussa	wice with this se	ct charing ctruct	ic covered at	100% by the plan in	the deductible
Additional Manage		re services are not s ice-visit-specific co:				vice with this co	structure	: is covered at	100% by the plan in	.ne deductible
Additional Notes:	range. NOTE. OII	ice visit-specific CO:	ar anaimig is applyl	ing to x-rays iii offic	oc settings.					
Calculation Time:	0.043 seconds									
Calculation Time:	u.u43 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Ailliadi Collai	bation Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				=						
		1 Plan Benefit De	1			2 Plan Benefit I				
- 1 (A)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00% \$8,15	100.00%		-						
MOOP (\$)	\$8,13	50.00		_						
MOOP if Separate (\$)							1			
Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	, after deductible
Medical	All	All			□ All	□ All			□ All	☐ All
Emergency Room Services	<b>V</b>	<u> </u>								
All Inpatient Hospital Services (inc. MH/SUD)	<b>V</b>	V								
				4=0.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00	_	_				_
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)		V	56%	\$299.99						
Speech Therapy				\$50.00						
				\$50.00						
Occupational and Physical Therapy						_			_	_
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	N I	<u> </u>								
X-rays and Diagnostic Imaging	<b>&gt;</b>	<u> </u>								
Skilled Nursing Facility	<b>&gt;</b>	<b>V</b>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	✓								
Output Supra Dhairing Coming Comming	V	<b>V</b>								
Outpatient Surgery Physician/Surgical Services	□ All	□ All			□ All				□ All	□ All
Drugs Generics				\$10.00					□ All	
Preferred Brand Drugs				\$45.00					V	
Non-Preferred Brand Drugs	] [>	☑	80%	ÿ.3.00						
Specialty Drugs (i.e. high-cost)	· ·	<u> </u>	80%							
Options for Additional Benefit Design Limits:		<del></del>	Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BK						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC004000	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
	Calculation Succes	sful								
	71.64%	J. 41.								
	Silver									
	NOTE: Office-visit-	specific cost-shari	ing is applying to x-	rays in office settir	ngs.					
Additional Notes:			, 0		-					
Calculation Time:	0.0352 seconds									
Final 2020 AV Calculator	1.1102 0000									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	i? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	d Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		u 1 Dlaw Dawafit Da	alau	_	Tion	2 Dlan Danafit I	Nacion .			
		er 1 Plan Benefit De	1			2 Plan Benefit I				
Deductible (\$)	\$2,750.00	<b>Drug</b> \$250.00	Combined		Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)		50.00				!				
MOOP if Separate (\$)				-						
		•	•			•				
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Town of Donofts	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Camari annlias anh	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	arter deductible
Medical	☐ All	☐ All			☐ All	All			☐ All	☐ All
Emergency Room Services	V	V								
All Inpatient Hospital Services (inc. MH/SUD)	V	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Timely care visit to recently of finess (exe. Treventive, and x rays)					_					
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00						
Services		<u> </u>	F.C0/							
Imaging (CT/PET Scans, MRIs)			56%	\$299.99 \$50.00	····					
Speech Therapy				\$50.00						
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		·	100%	<b>70.00</b>						
X-rays and Diagnostic Imaging	<b>V</b>	✓	10070							
Skilled Nursing Facility	✓	✓								
					_					_
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)	✓	✓	80%							
Options for Additional Benefit Design Limits:	_	7	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BK	2.04					
Specialty Rx Coinsurance Maximum:		-	Plan HIOS ID:	21066DC004000	3-01					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	21066						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		-								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		_								
Calculate										
Status/Error Messages:		tside of [-4, +2] per	cent de minimis v	ariation.						
Actuarial Value:	73.08%									
Metal Tier:		_								
						rvice with this co	st-sharing structure	is covered at	100% by the plan in	the deductible
Additional Notes:	range. NOTE: Off	ice-visit-specific co	st-sharing is apply	ing to x-rays in offi	ce settings.					
Calculation Time:	0.0586 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		, unidar content			2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier					_					
		1 Plan Benefit De	1	_		2 Plan Benefit D				
Deductible (\$)	<b>Medical</b> \$2,750.00	<b>Drug</b> \$250.00	Combined		Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)	\$8,15			•		L				
MOOP (\$)		5.00		-						
moor ii separate (y)							1			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
- (- ()	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	C	- 6
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	☐ All	☐ All			All	☐ All			☐ All	☐ All
Emergency Room Services	V	V								
All Inpatient Hospital Services (inc. MH/SUD)	V	V			_					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00						
Services				7	_					
Imaging (CT/PET Scans, MRIs)	<b>V</b>	<u> </u>		*						
Speech Therapy				\$50.00						
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	✓	<u> </u>								
X-rays and Diagnostic Imaging	V	<b>V</b>								
Skilled Nursing Facility	✓	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑			\$300.00					V	
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)	~	✓	80%							
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BK_POST_						
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	21066DC0040003	3-01					
Set a Maximum Number of Days for Charging an IP Copay?	Ш		Issuer HIOS ID:	21066						
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Success	ful.								
Actuarial Value:	70.11%									
Metal Tier:	Silver									
				rays in office settin	gs. NOTE: Serv	ice-specific cost-	sharing is applying	for service(s) v	vith fac/prof compor	ents, overriding
Additional Notes:	outpatient inputs for	or those service(s)								
Calculation Time:	0.0312 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	s	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	i? □		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		7 miliaar Cornerii	oacion, uno anci		2nd	d Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De	1	_		2 Plan Benefit [				
Dodustille (A)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)		\$250.00 100.00%								
MOOP (\$)	\$8,15			-						
MOOP if Separate (\$)		0.00		_						
Moor in separate (4)										
Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	V	V								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Filling Care visit to freat air filigily of filliess (exc. Freventive, and x-rays)				330.00	_					
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00						
Services				7						
Imaging (CT/PET Scans, MRIs)	V	V		450.00						
Speech Therapy				\$50.00						
Constraint and Physical Thorony				\$50.00						
Occupational and Physical Therapy Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		✓	100%	30.00						
X-rays and Diagnostic Imaging	v	✓	100/0		_					
Skilled Nursing Facility	<b>V</b>	<u> </u>			Ö					- i
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$300.00					V	
Outpatient Surgery Physician/Surgical Services	V	✓								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)	•	✓	80%							
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-BK_POST_	2.04					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC004000	3-01					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):			Issuer HIOS ID:	21066						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П									
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Success	ful.								
Actuarial Value:	71.61%									
Metal Tier:	Silver									
									100% by the plan in t	
Additional Notes:				ing to x-rays in offi	ce settings. NOT	L: Service-speci	tic cost-sharing is a	pplying for ser	vice(s) with fac/prof	components,
	overriding outpatie	nt inputs for those	e service(s).							
Calculation Time:	0.0352 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Allindar Corner	bation Amount.		2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De	1	_		2 Plan Benefit I				
- L .: L .	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%		-						
MOOP (\$)	\$8,15	0.00								
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	, after deductible
Medical	All	All			□ All	□ All			□ All	☐ All
Emergency Room Services	V	•								
All Inpatient Hospital Services (inc. MH/SUD)	✓	<b>V</b>								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				ć400.00						
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy				\$50.00						
				\$50.00						
Occupational and Physical Therapy	1			\$30.00	_					_
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	<b>V</b>	<b>V</b>								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•								
										_
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>			_					
Drugs	□ All	□ All		440.00	☐ All	All			□ All	☐ All
Generics Description of Description				\$10.00					□ ✓	
Preferred Brand Drugs Non-Preferred Brand Drugs	V	✓	80%	\$45.00						
Specialty Drugs (i.e. high-cost)	<u> </u>	<u>v</u>	80%							
Options for Additional Benefit Design Limits:	Ū	· ·	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?	П		Name:	BQ-BK_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC004000	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
	Calculation Succes	sful.								
	71.55%									
	Silver			and the second						
	NOTE: Office-visit-	specific cost-shari	ing is applying to x-	rays in office settir	ngs.					
Additional Notes:										
	0.0391 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:			red Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	i? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier										
Desired Metal Fiel		r 1 Plan Benefit De	sian		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)	\$8,1	50.00								
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	1			т:	er 2		Tier 1	Tier 2
Click Here for Important instructions	Subject to	Subject to	Coinsurance, if	Canau if	Subject to	Subject to	Coinsurance, if	Community	Heri	Her Z
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate	Deductible?	Coinsurance?	different	Copay, if separate	Copay applies only	after deductible
Medical	□ All	□ All	uniterent	зерагате	□ All	□ All	uniterent	зерагате	☐ All	☐ All
Emergency Room Services	<b>V</b>	✓								
All Inpatient Hospital Services (inc. MH/SUD)	<b>V</b>	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	<b>T</b>									
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)	V	✓								
Speech Therapy				\$50.00						
				\$50.00						
Occupational and Physical Therapy									_	
Preventive Care/Screening/Immunization				\$0.00						_
Laboratory Outpatient and Professional Services		<u> </u>	100%			_				
X-rays and Diagnostic Imaging	<b>&gt;</b>	V								
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	Ŋ.			\$45.00					<u> </u>	
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)	✓	✓	80% Plan Description							
Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	BQ-BK_POST_						
Specialty Rx Coinsurance Payments:  Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC0040003	2_01					
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	21066	5 01					
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		]								
Output Calculate										
Calculate Status/Error Messages:	Error: Posult is our	tside of [-4, +2] per	cent de minimis v	ariation						
Actuarial Value:	72.95%	isiue 01 [-4, +2] per	cent de minimilis Va	ariaciUII.						
Metal Tier:	, 2.33/0									
	NOTE: One or mo	re services are not	subject to the ded	uctible and have no	copay. Any ser	vice with this co	st-sharing structure	is covered at	100% by the plan in	the deductible
Additional Notes:			-	ing to x-rays in offic			. 0		,	
	-	•	,	•	-					
Calculation Time:	0.0391 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	n? 🗆	Tiere	d Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	hution Amount:		1s	t Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd	d Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					•					
Desired Metal Tier	Gold ▼									
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$750.00	\$0.00								
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%								
MOOP (\$)		00.00				1				
MOOP if Separate (\$)	<b>‡</b> 1,72			_						
moor ii separate (y)							-			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	_	
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?		separate	Copay applies only	, after deductible
Medical	☐ All	All	uniciciit	Separate	All	All	uniciciii	Separate	□ All	☐ All
Emergency Room Services	<b>▽</b>	<u> </u>	72%	\$250.00						
	V	<u> </u>	72%	\$250.00		=				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>								Ц	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
					_					
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00						
Services	L			Ç-10.00						
Imaging (CT/PET Scans, MRIs)	V	✓								
Speech Therapy				\$20.00						
				¢20.00						
Occupational and Physical Therapy				\$20.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	<u> </u>									
Skilled Nursing Facility	✓	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	✓	V								
	□ All	□ All			□ All	□ All			□ All	□ All
Drugs				\$10.00						
Generics Defended Development										= =
Preferred Brand Drugs			000/	\$45.00						
Non-Preferred Brand Drugs		<u> </u>	80%						<u> </u>	
Specialty Drugs (i.e. high-cost)		✓	80%			L				
Options for Additional Benefit Design Limits:	_	1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	Ш		Name:	BQ-AT						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC001001	7-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Error: Result is out	side of [-4, +2] per	cent de minimis va	ariation.						
	82.05%									
Metal Tier:										
	NOTE: Office-visit	specific cost-shari	ng is applying to x-	-rays in office settir	ngs.					
Additional Notes:			5, 500		-					
nacional Motes.										
Calculation Time:	0.0312 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:			red Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier										
Desired Metal Fiel		r 1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share)		100.00%								
MOOP (\$)	\$7,5	00.00								
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	☐ All	□ All
Emergency Room Services	□ All	✓ All	72%	\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	V	V	12/0	\$230.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	-					_
Services				340.00						
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy				\$20.00						
				\$20.00						
Occupational and Physical Therapy				\$0.00						
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services		✓	100%	\$0.00						
X-rays and Diagnostic Imaging	V	V	100%							
Skilled Nursing Facility	<b>V</b>	<b>▽</b>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	V								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs				\$45.00						_
Non-Preferred Brand Drugs		V	80%							
Specialty Drugs (i.e. high-cost)  Options for Additional Benefit Design Limits:		✓	80% Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:	BQ-AT						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC001001	7-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066	, 01					
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
Calculate Status/Error Messages:	Error: Pecult is out	tside of [-4, +2] per	cent de minimis v	ariation						
Actuarial Value:	82.96%	.siuc 01 [-4, +2] per	cent de minimilis Va	ariaciUII.						
Metal Tier:	02.30/0									
	NOTE: One or mor	re services are not	subject to the ded	uctible and have no	copay. Any ser	vice with this co	st-sharing structure	e is covered at	100% by the plan in	the deductible
Additional Notes:			-	ing to x-rays in offic			. 0		, ,	
	-	•	,	•	-					
Calculation Time:	0.0391 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			ered Network O				
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	bution Amount:			t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	d Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		1 Plan Benefit De	sian		Tio	r 2 Plan Benefit I	Docian			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$750.00	\$0.00	Compiled		Medical	2.48	Compilied			
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%								
MOOP (\$)	\$7,50	0.00				•				
MOOP if Separate (\$)				<del></del>						
									T .	
Click Here for Important Instructions		Tie					ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
Ad-dis-l	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	☐ AII	☐ All	720/	ć250.00	All	All			□ All	All
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)	V	<u> </u>	72%	\$250.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	_	_				_
Services										
Imaging (CT/PET Scans, MRIs)	V	V	50%	\$250.00						
Speech Therapy				\$20.00						
Occupational and Physical Therapy				\$20.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	✓								
X-rays and Diagnostic Imaging	V	~								
Skilled Nursing Facility	V	<b>V</b>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V	34%	\$250.00						
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ AII			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs				\$45.00						
Non-Preferred Brand Drugs		<b>V</b>	80%							
Specialty Drugs (i.e. high-cost)  Options for Additional Benefit Design Limits:		<u> </u>	80% Plan Description		ш					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AT_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC001001	7-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
Status/Error Messages:	Calculation Succes	eful								
Actuarial Value:	79.42%	orui.								
Metal Tier:	Gold									
		specific cost-shari	ng is applying to x-	rays in office setti	ngs. NOTE: Serv	ice-specific cost	sharing is applying	for service(s)	with fac/prof compo	nents, overriding
Additional Notes:	outpatient inputs f			,					, ,	,
		(-,								
Calculation Time:	0.0312 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	ered Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	ibution Amount:			t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		7 11 11 10 11 11 11	ibacioni / unio anc.		2nd	d Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De	1	_		2 Plan Benefit I				
Destructible (A)	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)	\$750.00 80.00%	\$0.00 100.00%								
Coinsurance (%, Insurer's Cost Share) MOOP (\$)	\$0.00%			-						
MOOP (\$)  MOOP if Separate (\$)		0.00		-						
WOOF II Separate (3)							1			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	, after deductible
Medical	□ All	☐ All			☐ All	☐ All			□ All	☐ All
Emergency Room Services	<b>V</b>	<b>V</b>	72%	\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓								
***************************************		_		400.00		_				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00		П				
Services					_	_				
Imaging (CT/PET Scans, MRIs)	V	V	50%	\$250.00						
Speech Therapy				\$20.00						
				\$20.00						
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization				\$0.00					_	_
Laboratory Outpatient and Professional Services		V	100%							
X-rays and Diagnostic Imaging	<ul><li>✓</li><li>✓</li></ul>	<u> </u>								
Skilled Nursing Facility									Ш	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓	34%	\$250.00						
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	□ All	□ All			□ All	□ All			□ All	□ All
Generics				\$10.00						
Preferred Brand Drugs				\$45.00						
Non-Preferred Brand Drugs		✓	80%							
Specialty Drugs (i.e. high-cost)		V	80%							
Options for Additional Benefit Design Limits:			Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AT_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC001001	7-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10):										
Output										
Calculate										
	Calculation Success	ful.								
	80.67%									
	Gold									
	NOTE: One or more	services are not	subject to the dedu	uctible and have no	copay. Any ser	vice with this co	st-sharing structure	is covered at	100% by the plan in	the deductible
Additional Notes:	range. NOTE: Offic	e-visit-specific co	st-sharing is applyi	ng to x-rays in offic	ce settings. NOT	ΓΕ: Service-speci	fic cost-sharing is a	pplying for ser	vice(s) with fac/prof	components,
	overriding outpatie	nt inputs for thos	e service(s).							
Calculation Time:	0.0273 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending? Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2nd	d Tier Utilization:				
Desired Metal Tier										
Desired Wetar Her		1 Plan Benefit De	esign		Tier	· 2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$750.00	\$0.00				_				
Coinsurance (%, Insurer's Cost Share)		100.00%								
MOOP (\$)		0.00								
MOOP if Separate (\$)							l			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	arter deductible
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	V	V	72%	\$250.00						
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
	_				_					
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$40.00						
Imaging (CT/PET Scans, MRIs)	V	V	50%	\$250.00						
Speech Therapy			3070	\$20.00						
Occupational and Physical Therapy				\$20.00		Ш				
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	V	✓								
Skilled Nursing Facility	V	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Surgery Physician/Surgical Services	✓	V								
Drugs	□ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs				\$45.00	_					
Non-Preferred Brand Drugs		V	80%							
Specialty Drugs (i.e. high-cost)		✓	80%							
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?  Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	BQ-AT_POST_ 21066DC001001	7.01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066	7-01					
# Days (1-10):			issuel filos ib.	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	:									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
Status/Error Messages:	Calculation Succes	eful								
Actuarial Value:	81.60%	J. W.								
Metal Tier:	Gold									
	NOTE: Office-visit-	specific cost-shar	ing is applying to x-	rays in office settir	igs.					
Additional Notes:										
Calculation Time:	0.0312 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			ered Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		r 1 Plan Benefit De	cian		Tion	2 Plan Benefit D	ocian			
	Medical	Drug	Combined	+	Medical	Drug	Combined			
Deductible (\$)		\$0.00	Combined		Wicalcar	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)	80.00%	100.00%								
MOOP (\$)	\$7,5	00.00								
MOOP if Separate (\$)				-			•			
					•					
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
·	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	□ All	☐ All	720/	¢350.00	All	All			□ All	All
Emergency Room Services All Inpatient Hospital Services (inc. MH/SUD)	V	✓	72%	\$250.00						
All impatient nospital services (inc. Min/30D)										
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00						
Specialist Visit				\$40.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient		_		······································	_				_	
Services				\$40.00						
Imaging (CT/PET Scans, MRIs)	v	V	50%	\$250.00						
Speech Therapy				\$20.00						
				\$20.00						
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			4000/	\$0.00						_
Laboratory Outpatient and Professional Services	□ ☑	<b>V</b>	100%							
X-rays and Diagnostic Imaging Skilled Nursing Facility	<b>V</b>	<u> </u>			H					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs				\$45.00						
Non-Preferred Brand Drugs		<b>V</b>	80%							
Specialty Drugs (i.e. high-cost)		✓	80%							
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?  Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	BQ-AT_POST_ 21066DC001001	7.01					
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:	21066	7-01					
# Days (1-10):			issuel filos ib.	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate Status/Error Mossages:	Error: Bosult is and	side of [4 12] ===	cont do minimis :::	riation						
Status/Error Messages: Actuarial Value:	82.49%	side of [-4, +2] per	cent de minimis Va	11 I I I I I I I I I I I I I I I I I I						
Metal Tier:	O2.+3/0									
	NOTE: One or mor	e services are not	subject to the ded	uctible and have no	copay. Any ser	vice with this cos	st-sharing structure	is covered at	100% by the plan in	the deductible
Additional Notes:				ng to x-rays in offic			<b>9</b> <del></del> -		, -,-	
				•	-					
Calculation Time:	0.0312 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	bution Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit De				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,750.00							
Coinsurance (%, Insurer's Cost Share)			100.00%	4						
MOOP (\$)			\$6,700.00			1				
MOOP if Separate (\$)							ı			
Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	✓ All	All	unicient	зерание	All	☐ All	uniciciii	Separate	□ All	☐ All
Emergency Room Services	✓			\$250.00					<u> </u>	
All Inpatient Hospital Services (inc. MH/SUD)	✓			\$500.00					✓	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓			\$25.00					✓	
Specialist Visit	V			\$50.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient				······································						
Services	~			\$50.00					✓	
Imaging (CT/PET Scans, MRIs)	v	V								
Speech Therapy	v			\$25.00					V	
	✓			\$25.00					✓	
Occupational and Physical Therapy									1	
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	V	V								
Skilled Nursing Facility	V			\$500.00					V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	✓ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics	V			\$10.00					V	
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)	V	✓	80%							
Options for Additional Benefit Design Limits:		1	Plan Description:							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AU						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC0050007	7-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?  # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output		]								
Calculate										
Status/Error Messages:	Error: Result is out	side of [-4, +2] per	cent de minimis va	riation.						
Actuarial Value:	72.75%									
Metal Tier:										
	NOTE: Office-visit	specific cost-shari	ng is applying to x-	rays in office settin	ngs.					
Additional Notes:										
Calculation Time:	0.0352 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		<b>HSA/HRA Options</b>	s	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	bution Amount.		2nd	Tier Utilization:	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼									
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		_	\$2,750.00	1						
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$6,700.00	1						
MOOP if Separate (\$)				<b>→</b>						
		•	_				_			
Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
Tune of Densit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Consu annlies only	, after deductible
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	arter deductible
Medical	<b>✓</b> All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	Y			\$250.00					V	
All Inpatient Hospital Services (inc. MH/SUD)	>	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	•			\$25.00					✓	
Specialist Visit	V			\$50.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient				·····		· · · · · · · · · · · · · · · · · · ·				
Services	>			\$50.00					✓	
Imaging (CT/PET Scans, MRIs)	V	V				П				
Speech Therapy	Ŋ			\$25.00					<b>V</b>	
Special Herapy				·····						
Occupational and Physical Therapy	V			\$25.00					✓	
Preventive Care/Screening/Immunization	П	П		\$0.00		П				
Laboratory Outpatient and Professional Services	. v	<u> </u>		30.00	_					
X-rays and Diagnostic Imaging	N N	V								
Skilled Nursing Facility	V			\$500.00					<u> </u>	
Skilled Nutshig Facility				3300.00						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	✓ All	□ All			□ All	□ All			□ All	□ All
	V All			\$10.00					✓ All	
Generics  Professed Proved Dayses	N								<u>v</u>	Ä
Preferred Brand Drugs	N	V	80%	\$45.00						
Non-Preferred Brand Drugs	N	<u>v</u>	80%							
Specialty Drugs (i.e. high-cost)	V	•								
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П		Name:	BQ-AU	7.04					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID: Issuer HIOS ID:	21066DC005000	7-01					
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	П		issuer HIOS ID:	21066						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	Ш									
# VISITS (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of										
, ,	Ш									
Copays? # Copays (1-10):										
Output Calculate										
	Error: Bosult is and	side of [ 4 + 2] man	cont do minimis :::	riation						
	Error: Result is out	siue 01 [-4, +2] per	cent de minimis Va	ıı ıatıUII.						
	73.00%									
Metal Tier:	NOTE: Office vi-it	enocific cost st	na is applicants	rave in office setting	age.					
	NOTE: UTICE-VISIT	-specific cost-snari	ing is applying to x-	rays in office settir	ıgs.					
Additional Notes:										
Calculation Time:	0.0352 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		7 ii ii iddi Colleiii	oution/ unount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		Plan Benefit De		-		2 Plan Benefit D				
Dealers (A)	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,750.00 100.00%							
Coinsurance (%, Insurer's Cost Share) MOOP (\$)			\$6,700.00	+						
MOOP (\$)			\$6,700.00	_1		T	<u> </u>			
WOOF II Separate (5)							ı			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		6. 1.1.49.1
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	<b>☑</b> All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	>			\$250.00					V	
All Inpatient Hospital Services (inc. MH/SUD)	<b>V</b>			\$500.00					✓	
				¢25.00	_	_				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓			\$25.00					✓	
Specialist Visit	V			\$50.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$50.00		_				
Services	V			\$30.00	_				V	
Imaging (CT/PET Scans, MRIs)	V	✓	64%	\$250.00						
Speech Therapy	V			\$25.00					V	
Occupational and Physical Therapy	V			\$25.00					✓	
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		<u> </u>		30.00						
X-rays and Diagnostic Imaging	V	V				H				
Skilled Nursing Facility	· ·			\$500.00					<u> </u>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		v	44%	\$250.00						
			44 /0	\$230.00		_				
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	✓ AII	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	N			\$10.00					v –	
Preferred Brand Drugs	N [			\$45.00					<u> </u>	_
Non-Preferred Brand Drugs	N [	<b>v</b>	80%							
Specialty Drugs (i.e. high-cost)	•	✓	80%							
Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments?			Plan Description:							
Specialty Rx Coinsurance Payments?  Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	BQ-AU_POST_ 21066DC0050007	7 01					
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:	21066	7-01					
# Days (1-10):	<u> </u>		issuel filos ib.	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П									
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
. 9	Calculation Successi	ul.								
	69.76%									
	Silver									
				rays in office settin	gs. NOTE: Serv	ice-specific cost-	sharing is applying	for service(s)	with fac/prof compo	nents, overriding
Additional Notes:	outpatient inputs fo	r those service(s)								
Calculation Time:	0.0352 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	s	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	bution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	bution Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼									
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit [	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,750.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$6,700.00							
MOOP if Separate (\$)				<del></del>						
Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
Type of benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	copu, applica oili	, arter academic
Medical	<b>✓</b> All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	V			\$250.00					V	
All Inpatient Hospital Services (inc. MH/SUD)	V			\$500.00					V	
Drimon, Coro Visit to Troot on Injury or Illness (over Dreventing and Visual)				ć2F 00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓			\$25.00					✓	
Specialist Visit	V			\$50.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient				ĆEO 00	_	_				_
Services	$\checkmark$			\$50.00					✓	
Imaging (CT/PET Scans, MRIs)	V	V	64%	\$250.00						
Speech Therapy	V			\$25.00					V	
	V			\$25.00					V	
Occupational and Physical Therapy				\$25.00	_	-				_
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	<b>V</b>	✓								
Skilled Nursing Facility	V			\$500.00					V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient racinty ree (e.g., Ambulatory Jurgery Center)										
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	✓ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	V			\$10.00					V	
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	✓	80%							
Specialty Drugs (i.e. high-cost)	~	✓	80%							
Options for Additional Benefit Design Limits:		•	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AU_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC005000	7-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):		-								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
		tside of [-4, +2] per	cent de minimis va	ariation.						
	72.16%									
Metal Tier:										
	NUTE: Office-visit	-specific cost-shari	ng is applying to x-	rays in office settir	igs.					
Additional Notes:										
Calculation Time:	0.043 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options			ered Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			t Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	d Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		4 Dl D 6't D-		7	T	2 Dl D 6'4 D				
	Medical	1 Plan Benefit De	Combined	-	Medical	2 Plan Benefit D	Combined			
Deductible (\$)	iviedicai	Drug	\$2,750.00	-	iviedicai	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$6,700.00	†		-				
MOOP if Separate (\$)			\$0,700.00	4						
						•	•			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	v after deductible
туре от венени	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies offi	
Medical	<b>✓</b> All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	V			\$250.00					V	
All Inpatient Hospital Services (inc. MH/SUD)	V	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<b>&gt;</b>			\$25.00					~	
					_					
Specialist Visit	V			\$50.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient	<b>&gt;</b>			\$50.00					✓	
Services Imaging (CT/PET Scans, MRIs)		✓	64%	\$250.00						
Speech Therapy	V		04%	\$25.00					<u> </u>	
эрееси петару		·····		323.00						
Occupational and Physical Therapy	V			\$25.00					✓	
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		☑								
X-rays and Diagnostic Imaging		_ _								
Skilled Nursing Facility	V			\$500.00					V	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	<b>V</b>	44%	\$250.00						
Outpatient racinty ree (e.g., Ambulatory Surgery Center)			4470	\$230.00						
Outpatient Surgery Physician/Surgical Services	V	v								
Drugs	<b>✓</b> All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	<u> </u>			\$10.00					<u>v</u>	
Preferred Brand Drugs	) (c		9997	\$45.00					<u> </u>	
Non-Preferred Brand Drugs	> >	V	80%							
Specialty Drugs (i.e. high-cost)  Options for Additional Benefit Design Limits:	<b>⊻</b>		80% Plan Description:		ш	Ш				
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AU_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC005000	7-01					
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:	21066	, 01					
# Days (1-10):				21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
	Calculation Success	tul.								
	69.87%									
	Silver	nocific cost shari	ing is applying to ::	rave in office satti-	age NOTE: Same	ica spasific sast	charing is anni-ilas	for conside(s):	with factored comma	nonte quarridina
	outpatient inputs fo			rays in office settir	igs. NOTE: Serv	ice-specific cost-	silai ilig is applying	ioi service(s) \	with fac/prof compo	nents, overriding
Additional Notes:	outpatient inputs IC	. alose service(s)	,.							
Coloriation Times	0.0353									
Calculation Time:	0.0352 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		<b>HSA/HRA Option</b>	s	Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	i? □	Tiere	d Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1s ⁻	t Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	bation Amount.		2nd	d Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
		r 1 Plan Benefit De	1			2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,750.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
MOOP (\$)			\$6,700.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
CHECK THEFE FOT TIMPOTENTE HISTOCCIONS	Subject to	Subject to	Coinsurance, if	Conny if	Subject to	Subject to	Coinsurance, if	Conov if		
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate	Deductible?	Coinsurance?		Copay, if separate	Copay applies only	after deductible?
Medical	✓ All	□ All	unierent	зерагате	□ All	□ All	unierent	separate	☐ All	☐ All
Emergency Room Services	<b>V</b>			\$250.00					<b>V</b>	
All Inpatient Hospital Services (inc. MH/SUD)	V	V		7230.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓			\$25.00					✓	
Specialist Visit	V			\$50.00					V	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00					•	
Services	✓			\$50.00					✓	
Imaging (CT/PET Scans, MRIs)	V	V	64%	\$250.00						
Speech Therapy	v		0470	\$25.00					v	
Special merapy										
Occupational and Physical Therapy	✓			\$25.00					V	
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		☑		<b>40.00</b>						
X-rays and Diagnostic Imaging	V	✓								
Skilled Nursing Facility	✓			\$500.00	Ö	- i			<u> </u>	- i
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
						_				_
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>								
Drugs	✓ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	<u> </u>			\$10.00					Ø.	
Preferred Brand Drugs	Z _			\$45.00					<u> </u>	
Non-Preferred Brand Drugs	<u> </u>	<u> </u>	80%							
Specialty Drugs (i.e. high-cost)	<b>V</b>	~	80%							
Options for Additional Benefit Design Limits:	_	7	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	Ш		Name:	BQ-AU_POST_						
Specialty Rx Coinsurance Maximum:		_	Plan HIOS ID:	21066DC005000	7-01					
Set a Maximum Number of Days for Charging an IP Copay?	Ш		Issuer HIOS ID:	21066						
# Days (1-10):		_								
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	Ш									
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	1								
Copays?										
# Copays (1-10):										
Output		_								
Calculate										
Status/Error Messages:	Error: Result is ou	tside of [-4, +2] per	cent de minimis va	ariation.						
Actuarial Value:	72.38%	, ., _, pc.								
Metal Tier:										
	NOTE: Office-visit	-specific cost-shari	ng is applying to x-	ravs in office settin	ngs.					
Additional Notes:			5	,	-					
, additional HOLES.										
Coloulation Times	0.0201.0000									
Calculation Time:	0.0391 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	Silver ▼									
Desired Metal Tier		1 Plan Benefit De	alau.	_	Tion	2 Plan Benefit D	a sign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00	Combined		Wieuicai	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)	\$8,15									
MOOP if Separate (\$)				-						
Click Here for Important Instructions		Tie	r 1				er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies only	after deductible
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	□ All	□ All			☐ All	All			□ All	☐ All
Emergency Room Services	V	<b>V</b>								
All Inpatient Hospital Services (inc. MH/SUD)	⊻	<u>~</u>			Ш				Ц	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)		<b>v</b>	56%	\$299.99						
Speech Therapy				\$50.00						
				\$50.00						
Occupational and Physical Therapy									_	_
Preventive Care/Screening/Immunization				\$0.00						_
Laboratory Outpatient and Professional Services	V	<u> </u>								
X-rays and Diagnostic Imaging	>	<b>V</b>								
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		V	33%	\$212.42						
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>								
Drugs	□ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	>			\$45.00					V	
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)	>	✓	80%							
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	BQ-AV 21066DC0050003	2 01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066	3-01					
# Days (1-10):				21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
Status/Error Messages:	Calculation Success	ful								
Actuarial Value:	70.76%	rui.								
Metal Tier:	Silver									
		pecific cost-shari	ng is applying to x-	rays in office settin	ngs. NOTE: Serv	ice-specific cost-	sharing is applying	for service(s)	with fac/prof compo	nents, overriding
Additional Notes:	outpatient inputs fo							,		. 0
Calculation Time:	0.0352 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			<b>HSA/HRA Option</b>		Tie	ered Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st	Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	bation Amount.		2nd	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
	Tie	r 1 Plan Benefit De	sign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)	\$8,1	50.00								
MOOP if Separate (\$)				<del></del>						
Click Here for Important Instructions		Tie	er 1			1	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	y after deductible?
·	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	□ All	□ All			☐ All	All			☐ All	All
Emergency Room Services	<b>V</b>	<u> </u>								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)		✓	56%	\$299.99						
Speech Therapy				\$50.00						
										_
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		☑	100%							
X-rays and Diagnostic Imaging	✓	✓	10070							
Skilled Nursing Facility	✓	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		<b>V</b>	33%	\$212.42						
Outpatient Surgery Physician/Surgical Services	V	<u> </u>								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	<u> </u>			\$45.00					_	
Non-Preferred Brand Drugs	V	<u> </u>	80%							
Specialty Drugs (i.e. high-cost)	~	V	80%							
Options for Additional Benefit Design Limits:		,	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AV						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC005000	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):		-								
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ш									
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		tside of [-4, +2] per	cent de minimis va	ariation.						
Actuarial Value:	72.31%									
Metal Tier:										
			•				•		100% by the plan in	
Additional Notes:				ing to x-rays in offic	ce settings. NOT	E: Service-spec	ific cost-sharing is a	pplying for ser	vice(s) with fac/prof	components,
	overriding outpati	ent inputs for those	e service(s).							
Calculation Time:	0.0352 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			<b>HSA/HRA Option</b>		Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	bation Amount.		2nd	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
	Tie	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)	\$8,1	50.00								
MOOP if Separate (\$)				<del></del>						
Click Here for Important Instructions		Tie	er 1			1	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible?
·	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	□ All	□ All			☐ All	All			☐ All	All
Emergency Room Services	<b>V</b>	<u> </u>								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)		✓	56%	\$299.99						
Speech Therapy				\$50.00						
										_
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	<u> </u>	☑								
X-rays and Diagnostic Imaging	✓	✓								
Skilled Nursing Facility	✓	✓								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		<b>V</b>								
Outpatient Surgery Physician/Surgical Services	V	<u> </u>								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)	~	~	80%							
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AV						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC005000	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):		-								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		tside of [-4, +2] per	rcent de minimis va	ariation.						
Actuarial Value:	72.46%									
Metal Tier:										
			•				•		100% by the plan in	
Additional Notes:				ing to x-rays in offic	ce settings. NOT	E: Service-spec	ific cost-sharing is a	pplying for ser	vice(s) with fac/prof	components,
	overriding outpati	ent inputs for those	e service(s).							
Calculation Time:	0.0508 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan?	· 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		4 Dl D f't D.	-1	П	T1	2 Dia Dan affa I	N			
		er 1 Plan Benefit De	, -	_		2 Plan Benefit I				
Deductible (\$)	\$2,750.00	<b>Drug</b> \$250.00	Combined		Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)		100.00%								
MOOP (\$)		.50.00								
MOOP if Separate (\$)				-						
		•					•			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Tune of Danesia	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	, after deductible?
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies offi	arter deductible:
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Emergency Room Services	V	V								
All Inpatient Hospital Services (inc. MH/SUD)	V	V				Ö				_
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
					_	_				_
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00						
Services		✓	56%	\$299.99						
Imaging (CT/PET Scans, MRIs) Speech Therapy			30%	\$50.00						
эреесп пегару										<del>-</del>
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		☑	100%							
X-rays and Diagnostic Imaging	✓	<b>V</b>								
Skilled Nursing Facility	V	<b>V</b>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		V				П				
Outpatient racinty ree (e.g., Ambulatory Surgery Center)					_	_				_
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	Ø			\$45.00					<u> </u>	_
Non-Preferred Brand Drugs	<b>V</b>	<b>∨</b>	80%							
Specialty Drugs (i.e. high-cost)		<u> </u>	80% Plan Description:			Ш				Ш
Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments?	П	٦	Name:	BQ-AV						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC005000	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066	.5 01					
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate Status (France Massages)	Francis De cuite la	toido of [ 4 : 2]	soone do unintent	wiation.						
Status/Error Messages:		tside of [-4, +2] per	cent de minimis va	iriation.						
Actuarial Value: Metal Tier:	73.58%									
ivietai riei.	NOTE: One or mo	re services are not	subject to the dod	uctible and have n	n conav. Any co-	vice with this co	st-sharing structure	is covered at	100% by the plan in	the deductible
Additional Nation							-		rice(s) with fac/prof	
Additional Notes:	-	ient inputs for those		₀ to x rays in OIII	ce securigs. NOI	L. SCI VICE-SPECI	cost silaring is a	PPINIE IOI SEL	with racy prof	components,
Colordation Times										
Calculation Time:	0.0352 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Ailliadi Collai	bation Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				=						
		1 Plan Benefit De	1			2 Plan Benefit I				
- L .: L .	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%		-						
MOOP (\$)	\$8,15	0.00								
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	□ All	□ All	unterent	зериние	□ All	□ All	uniciciit	Jeparate	☐ All	☐ All
Emergency Room Services	<u> </u>	☑								
All Inpatient Hospital Services (inc. MH/SUD)	]	v			Ī	Ō				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient					_				*	
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)		✓	56%	\$299.99						
Speech Therapy				\$50.00						
				ć=0.00						
Occupational and Physical Therapy		Ш		\$50.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	v								
X-rays and Diagnostic Imaging	N	V								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	<b>V</b>								
Outpatient racinty ree (e.g., Ambulatory Surgery Center)					_	_				_
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ AII	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	Ŋ.			\$45.00					<u> </u>	
Non-Preferred Brand Drugs	) <u>S</u>	<u> </u>	80%						<u> </u>	
Specialty Drugs (i.e. high-cost)	✓	✓	80%							
Options for Additional Benefit Design Limits:			Plan Description Name:	: BQ-AV						
Set a Maximum on Specialty Rx Coinsurance Payments?  Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC005000	2 01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066	3-01					
# Days (1-10):			issuel filos ib.	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
	Calculation Succes	sful.								
	71.64%									
	Silver									
	NOTE: Office-visit-	specific cost-shari	ing is applying to x-	rays in office settir	ngs.					
Additional Notes:										
	0.0352 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		u 1 Dlaw Dawafit Da	alau.	_	Ties	2 Dlan Danafit F	a sign			
	Medical	r 1 Plan Benefit De Drug	Combined	-	Medical	2 Plan Benefit Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00	Combined		ivieuicai	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)		50.00		<b>T</b>		I.				
MOOP if Separate (\$)				-						
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Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
Tuno of Ponofit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	☐ All	☐ All			☐ All	☐ All			☐ All	All
Emergency Room Services	V	✓								
All Inpatient Hospital Services (inc. MH/SUD)	~	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
					_	_				
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00						
Services Imaging (CT/PET Scans, MRIs)		V	56%	\$299.99						
Speech Therapy			30%	\$50.00						
Special includy				750.00						
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		✓	100%							
X-rays and Diagnostic Imaging	V	✓								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	_			\$45.00					<u> </u>	
Non-Preferred Brand Drugs	V	<u> </u>	80%							
Specialty Drugs (i.e. high-cost)	✓	✓	80%							
Options for Additional Benefit Design Limits:		1	Plan Description	BQ-AV						
Set a Maximum on Specialty Rx Coinsurance Payments?  Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	21066DC005000	2 01					
Set a Maximum Number of Days for Charging an IP Copay?	П	1	Issuer HIOS ID:	21066	3-01					
# Days (1-10):			issuel filos ib.	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П	1								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):		]								
Output										
Calculate										
Status/Error Messages:		tside of [-4, +2] per	cent de minimis va	ariation.						
Actuarial Value:	73.08%									
Metal Tier:	NOTE: O		and the second second						4000/ ht	Maria di adore e e e e
						vice with this co	st-snaring structure	s is covered at	100% by the plan in	tne deductible
Additional Notes:	range. NOTE: Off	ice-visit-specific co	st-snaring is applyi	irig to x-rays in offic	e settings.					
Calculation Time:	0.0469 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	s	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			: Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼	. 1 Dlan Danafit Da	alau	_	Ties	2 Dlan Banafit I	Design			
	Medical	1 Plan Benefit De Drug	Combined		Medical	2 Plan Benefit I Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00	Combined		Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)		50.00								
MOOP if Separate (\$)	7-0/			-						
			_			•	-			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
·	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	□ All	□ All			☐ All	☐ All			□ All	All
Emergency Room Services	V	V								
All Inpatient Hospital Services (inc. MH/SUD)	>	✓				Ш				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)		<b>V</b>	56%	\$299.99						
Speech Therapy				\$50.00						
				\$50.00						
Occupational and Physical Therapy				\$50.00	_					_
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	N	V								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
	✓	✓				П				
Outpatient Surgery Physician/Surgical Services	□ All	□ All			□ All				□ All	□ All
Drugs Generics				\$10.00						
Preferred Brand Drugs				\$45.00					v	
Non-Preferred Brand Drugs		☑	80%	Ş+3.00	Ī					
Specialty Drugs (i.e. high-cost)	· ·	✓	80%							
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AV						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC005000	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ш									
Copays? # Copays (1-10):										
Output										
Calculate										
	Calculation Succes	sful.								
	71.64%									
Metal Tier:	Silver									
	NOTE: Office-visit-	specific cost-shari	ng is applying to x-	rays in office settir	ngs.					
Additional Notes:										
Calculation Time:	0.0469 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			ered Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution	i? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier										
Desired Metal Fiel		r 1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)	\$8,1	50.00								
MOOP if Separate (\$)				-						
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	☐ All	□ All
Emergency Room Services	□ All	✓ All								
All Inpatient Hospital Services (inc. MH/SUD)	☑	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_		4400.00	_				_	
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)		V	56%	\$299.99						
Speech Therapy				\$50.00						
				\$50.00						
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			4000/	\$0.00						_
Laboratory Outpatient and Professional Services		<b>V</b>	100%							
X-rays and Diagnostic Imaging Skilled Nursing Facility	<b>V</b>	<u> </u>								
Skilled Nulsing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓								
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	All
Generics				\$10.00						
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	<u> </u>	80%							
Specialty Drugs (i.e. high-cost)	✓	✓	80%							
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?  Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	BQ-AV 21066DC0050003	2 01					
Set a Maximum Number of Days for Charging an IP Copay?		-	Issuer HIOS ID:	21066	3-01					
# Days (1-10):			issuel filos ib.	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):		]								
Output										
Calculate	F D. 111	and a control of								
Status/Error Messages:		tside of [-4, +2] per	cent de minimis va	ariation.						
Actuarial Value: Metal Tier:	73.08%									
rectal fier.	NOTE: One or mor	re services are not	subject to the ded	uctible and have no	CODAV. Anv see	vice with this co	st-sharing structure	e is covered at	100% by the plan in	the deductible
Additional Notes:			-	ing to x-rays in office						
, additional Hotes.	J. 1212. 3111			J						
Calculation Time:	0.0391 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	S	Tie	ered Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	Julion Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			<u>_</u> .						
	Tier	1 Plan Benefit De	sign		Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)	\$8,15	0.00								
MOOP if Separate (\$)										
Click Have for large stock to describe		T1-	4			-			Ti4	T2
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	□ All	All			□ All	□ All			□ All	All
Emergency Room Services	Ŋ	<u> </u>								
All Inpatient Hospital Services (inc. MH/SUD)	V	✓								/ <u>-</u>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)	V	V								
Speech Therapy				\$50.00						
				\$50.00						
Occupational and Physical Therapy				\$30.00	-	-				_
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	>	✓								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$300.00					☑	
Outpatient Surgery Physician/Surgical Services	✓	V								
Drugs	□ All	□ All			□ All	□ All			□ All	□ All
Generics				\$10.00						
Preferred Brand Drugs				\$45.00					V	
Non-Preferred Brand Drugs	·	V	80%	Ç+3.00	] 🗆					Ö
Specialty Drugs (i.e. high-cost)	<u> </u>	V	80%		J $\cap$					П
Options for Additional Benefit Design Limits:	J		Plan Description:		]					
Set a Maximum on Specialty Rx Coinsurance Payments?	П		Name:	BQ-AV_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC0050003	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):	_									
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
	Calculation Success	ful.								
	70.11%									
Metal Tier:	Silver									
				rays in office settin	gs. NOTE: Serv	ice-specific cost-	sharing is applying	for service(s) v	vith fac/prof compo	nents, overriding
Additional Notes:	outpatient inputs fo	r those service(s)								
Calculation Time:	0.043 seconds									

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	ered Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆	Tiere	d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		7 ii ii dai Contin	bacion / uno aric.		2nd	l Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De	1			2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%		-						
MOOP (\$)		0.00								
MOOP if Separate (\$)							1			
Click Here for Important Instructions		Tie	or 1			т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies onl	, after deductible
Medical	☐ All	☐ All			□ All	□ All			☐ All	☐ All
Emergency Room Services	<u> </u>	<u> </u>								
All Inpatient Hospital Services (inc. MH/SUD)	✓	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00						
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)	V	v								
Speech Therapy				\$50.00						
				\$50.00						
Occupational and Physical Therapy										_
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services		V	100%							
X-rays and Diagnostic Imaging	V	✓								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$300.00					✓	
				Ŧ						
Outpatient Surgery Physician/Surgical Services	V	v								
Drugs	□ All	□ AII			☐ All	All			☐ All	All
Generics				\$10.00						
Preferred Brand Drugs	V		200/	\$45.00					<u> </u>	
Non-Preferred Brand Drugs	<ul><li>✓</li></ul>	✓	80% 80%							
Specialty Drugs (i.e. high-cost)			Plan Description:		ш	Ш				
Options for Additional Benefit Design Limits:  Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AV_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC005000	3-01					
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:	21066	3 01					
# Days (1-10):			1050001 11100 121	21000						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Success	ful.								
Actuarial Value:	71.61%									
Metal Tier:	Silver									
			-				-		100% by the plan in	
Additional Notes:				ng to x-rays in offic	ce settings. NOT	E: Service-speci	fic cost-sharing is a	pplying for ser	vice(s) with fac/prof	components,
	overriding outpatie	nt inputs for those	e service(s).							
Calculation Time:	0.0352 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bation Amount.		2nd	Tier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De	1	_		2 Plan Benefit I				
- L .: L .	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%		-						
MOOP (\$)	\$8,15	50.00								
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	, after deductible
Medical	All	All	uniciciit	эсрагас	All	All	uniterent.	Separate	□ All	☐ All
Emergency Room Services	V	<u> </u>								
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	✓								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00						
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient	_			ć400.00	_	_			_	_
Services				\$100.00						
Imaging (CT/PET Scans, MRIs)	V	v								
Speech Therapy				\$50.00						
				\$50.00						
Occupational and Physical Therapy	J			\$30.00	_	-				_
Preventive Care/Screening/Immunization				\$0.00						
Laboratory Outpatient and Professional Services	V	V								
X-rays and Diagnostic Imaging	Ŋ	✓								
Skilled Nursing Facility	V	V								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	✓								
Outpatient Surgery Physician/Surgical Services	<b>&gt;</b> [	V								
Drugs	□ All	□ All		*	All	☐ All			□ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	> >		000/	\$45.00						
Non-Preferred Brand Drugs	<u> </u>	<b>▽</b>	80% 80%							
Specialty Drugs (i.e. high-cost)  Options for Additional Benefit Design Limits:	¥	•	Plan Description:		ш	Ш				ш
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AV_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC005000	3-01					
Set a Maximum Number of Days for Charging an IP Copay?	П		Issuer HIOS ID:	21066	5 01					
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
	Calculation Succes	sful.								
	71.55%									
	Silver									
	NOTE: Office-visit-	specific cost-shar	ing is applying to x-	rays in office settir	ngs.					
Additional Notes:										
	0.0391 seconds									
Final 2020 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution	? 🗆		d Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?					2nd	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		u 1 Dlaw Dawafit Da	alau.	_	Ties	2 Dlaw Dawafit D	a sign			
	Medical	r 1 Plan Benefit De Drug	Combined	-	Medical	2 Plan Benefit D Drug	Combined			
Deductible (\$)	\$2,750.00	\$250.00	Combined		ivieuicai	Diug	Combined			
Coinsurance (%, Insurer's Cost Share)	70.00%	100.00%								
MOOP (\$)		50.00								
MOOP if Separate (\$)	\$0,1	1		-						
(,)										
Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
Torre of Donofth	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Canau annliae anh	after ded
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	arter deductible
Medical	☐ All	☐ All			All	☐ All			□ All	All
Emergency Room Services	✓	✓								
All Inpatient Hospital Services (inc. MH/SUD)	V	V								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$50.00		П				
					_					
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$100.00						
Services	☑			-						
Imaging (CT/PET Scans, MRIs)		V		\$50.00						
Speech Therapy				\$50.00						
Occupational and Physical Therapy				\$50.00						
Preventive Care/Screening/Immunization	П			\$0.00						
Laboratory Outpatient and Professional Services		v	100%	70.00						
X-rays and Diagnostic Imaging		✓								
Skilled Nursing Facility	✓	✓								
	✓	<b>V</b>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	V	V								
Drugs	☐ All	☐ All			☐ All	☐ All			□ All	☐ All
Generics				\$10.00						
Preferred Brand Drugs	V			\$45.00					V	
Non-Preferred Brand Drugs	V	V	80%							
Specialty Drugs (i.e. high-cost)	✓	V	80%							
Options for Additional Benefit Design Limits:	_	1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	BQ-AV_POST_						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	21066DC0050003	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	21066						
# Days (1-10):  Begin Primary Care Cost-Sharing After a Set Number of Visits?		-								
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		_								
Calculate										
Status/Error Messages:	Error: Result is ou	tside of [-4, +2] per	cent de minimis va	ariation.						
Actuarial Value:	72.95%									
Metal Tier:										
						vice with this co	st-sharing structure	is covered at	100% by the plan in	he deductible
Additional Notes:	range. NOTE: Off	ice-visit-specific co	st-sharing is applyi	ng to x-rays in offic	ce settings.					
Calculation Time:	0.0391 seconds									



Efren Tanhehco Supervisory Actuary Department of Insurance, Securities and Banking 810 First Street, NE, Ste. 701 Washington, DC 20002

## RE: Proprietary and Confidential Information UnitedHealthcare Risk Adjustment Data

HIOS Issuer IDs: 21066 UnitedHealthcare of the Mid-Atlantic, Inc.; 41842 UnitedHealthcare Insurance Company; 75753 Optimum Choice, Inc.

Dear Mr. Tanhehco:

The companies listed above (collectively referred to herein as "United" in either the singular or plural forms) are submitting data for the 2018 RATEE files at the request of the Department of Insurance, Securities and Banking. United submits in confidence this carrier-specific private data and this letter applies to any submission reasonably correlating to the 2018 RATEE files.

Under state law, this carrier-specific private information is non-financial, strictly confidential proprietary commercial information and not subject to disclosure under the D.C. Code § 2-534(a), CDCR 1-406.2, and is not a public record subject to disclosure requirements under D.C. Code § 2-534. It is non-public information submitted in confidence to the insurance commissioner that would give advantage to a competitor. Disclosure of this information would be detrimental to the best interests of the public because plan issuers compete on a product strategy that entices consumers to purchase its products and increase plan membership. Knowing a competitor's strategy beforehand confers a competitive advantage to issuers with sufficient resources to adjust to the competitor's strategy before going to market instead of waiting until the next adjustment window in a market. If a filing's confidential information such as risk scores prompts an issuer to see it is the only one offering a certain type of product (e.g. a wide network metal level (platinum) or cost sharing feature (0% member cost sharing for emergency room visits)), then issuers with sufficient resources to adjust have an unfair advance opportunity to remove those plans or adjust strategies. For example, if an issuer sees the competition has an emergency room copay of \$500 but they had \$250, it can likewise adjust to \$500 before going to market, which deprives consumers of the opportunity to take advantage of issuer competitive behavior.

We respectfully request the Department refrain from disclosing United's carrier-specific information to any other entity. Disclosure may cause substantial competitive harm by giving an unfair advantage to our competitors that is specific and reasonably foreseeable. Re-disclosure would enable competitors to model the above-named company's business portfolios pertaining to these submissions and unfairly adjust their strategy before going to market instead of waiting until the next opportunity to adjust in the relevant market. Accordingly, we respectfully request carrier-specific information not be redisclosed to any other person, including state or federal regulatory agencies, unless United consents in writing to the disclosure and the recipient agrees in writing prior to receipt to maintain the confidential proprietary and/or trade secret nature of the information.

Thank you in advance for your cooperation with this request. Sincerely,

Carol Tobiassen

and Polissen

Director, Health Care Reform Financial Oversight

UnitedHealthcare

SERFF Tracking #: UHLC-131910012 State Tracking #: Company Tracking #:

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

## **Superseded Schedule Items**

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

	Schedule Item			Replacement	
Creation Date	Status	Schedule	Schedule Item Name	<b>Creation Date</b>	Attached Document(s)
04/19/2019		Rate	Rate Filing Exhibits	05/29/2019	DC-SG-UHCMA-Exhibits 2020-01- v1.xlsx
04/19/2019		Supporting Document	Risk Adjustment RATEE Data		21066.RATEE.D20180501T060100. P.xml (Superceded) DC Confidentiality Cover Letter EDGE Data 5.24.19.pdf

SERFF Tracking #: UHLC-131910012 State Tracking #: Company Tracking #:

State: District of Columbia Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name: DC-SG-UHCMA-2020-01

Project Name/Number: /

Attachment 21066.RATEE.D20180501T060100.P.xml is not a PDF document and cannot be reproduced here.